



Preferred Drug List (PDL)

New Jersey – MLTSS

Effective Date: 1/1/2024



United
Healthcare
Community Plan



UnitedHealthcare Community Plan no da un tratamiento diferente a sus miembros en base a su sexo, edad, raza, color, discapacidad u origen nacional.

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, discapacidad o origen nacional, puede enviar una queja a:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

Usted tiene que enviar la queja dentro de los 60 días de la fecha cuando se enteró de ella. Se le enviará la decisión en un plazo de 30 días. Si no está de acuerdo con la decisión, tiene 15 días para solicitar que la consideremos de nuevo.

Si usted necesita ayuda con su queja, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, 24 horas al día, 7 días a la semana.

Usted también puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos.

Internet:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Formas para las quejas se encuentran disponibles en:

<http://www.hhs.gov/ocr/office/file/index.html>

Teléfono:

Llamada gratuita, **1-800-368-1019, 1-800-537-7697** (TDD)

Correo:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

Si necesita ayuda para presentar su queja, por favor llame al número gratuito para miembros anotado en su tarjeta de identificación como miembro.

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros, tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, 24 horas al día, 7 días a la semana.

If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at 1-800-941-4647, TTY 711

Yog cov ntaub ntawv muab tuaj hauv no tsis yog sau ua koj hom lus, thov hu rau UnitedHealthcare Community Plan ntawm 1-800-941-4647, TTY 711.

Afai o fa'amatalaga ua tuuina atu e le'o tusia i lau gagana masani, faamolemole fa'afesoota'i mai le vaega a le UnitedHealthcare Community Plan ile telefoni 1-800-941-4647, TTY 711.

Если прилагаемая информация представлена не на Вашем родном языке, позвоните представителю UnitedHealthcare Community Plan по тел. 1-800-941-4647, телетайп 711.

Якщо інформація, що додається, подана не на Вашій рідній мові, зателефонуйте до UnitedHealthcare Community Plan 1-800-941-4647 для осіб з порушеннями слуху 711.

동봉한 안내 자료가 귀하의 모국어로 준비되어 있지 않으면 1-800-941-4647, TTY 711로 UnitedHealthcare Community Plan에 전화하십시오.

Dacă informațiile alăturate nu sunt în limba dumneavoastră principală, vă rugăm să sunați la UnitedHealthcare Community Plan, la numărul 1-800-941-4647 TTY 711.

ተያይዞ ያለው መረጃ በቋንቋዎ ካልሆነ፤ እባክዎን በሚከተለው ስልክ ቁጥር ወደ UnitedHealthcare Community Plan ይደውሉ፡- 1-800-941-4647 መስማት ለተሳናቸው/TTY 711።

ተተላላዚ ዘሎ ተበሬታ ብቋንቋኹም ተዘይኮይኑ፤ ብኽብረትኩም በዚ ዝሰዕብ ቁጽሪ ስልኪ ናብ UnitedHealthcare Community Plan ደውሉ፡- 1-800-941-4647 ምስማዕ ንተጻግሙ/TTY 711።

Si la información adjunta no está en su lengua materna, llame a Unitedhealthcare Community Plan al 1-800-941-4647, TTY 711.

ຖ້າຂໍ້ມູນທີ່ຕິດຄັດມານີ້ບໍ່ແມ່ນພາສາຕົ້ນຕໍຂອງທ່ານ, ກະລຸນາໂທຫາ UnitedHealthcare Community Plan ທີ່ເບີ 1-800-941-4647 TTY 711.

Nếu ngôn ngữ trong thông tin đính kèm này không phải là ngôn ngữ chánh của quý vị, xin gọi cho UnitedHealthcare Community Plan theo số 1-800-941-4647, TTY 711.

若隨附資訊的語言不屬於您主要使用語言，請致電 UnitedHealthcare Community Plan，電話號碼為 1-800-941-4647 聽障專線 TTY 711。

ប្រើសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសារដើមរបស់អ្នកទេ សូមទូរស័ព្ទមកកាន់ UnitedHealthcare Community Plan លេខ 1-800-941-4647, សម្រាប់អ្នកថ្លង់ TTY 711។

Kung ang nakalakip na impormasyon ay wala sa iyong pangunahing wika, mangyaring tumawag sa UnitedHealthcare Community Plan sa 1-800-941-4647 (TTY: 711).

در صورت اینکه اطلاعات پیوست به زبان اولیه شما نمیباشد . لطفا با United Healthcare Community Plan با شماره 1-800-941-4647 تماس حاصل نمایید . وسیله ارتباطی برای نا شنوایان- TTY 711.

UnitedHealthcare Community Plan of New Jersey

Table of Contents

Analgesics.....5

Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions8

Anesthetics13

Anti-Addiction/Substance Abuse Treatment Agents14

Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence15

Antiandrogens - Hormone Suppressants16

Antibacterials16

Antibacterials - Drugs to Treat Bacterial Infections19

Anticonvulsants19

Anticonvulsants - Drugs to Treat Seizures22

Antidementia Agents22

Antidepressants23

Antiemetics24

Antiemetics - Drugs to Treat Nausea and Vomiting25

Antifungals25

Antifungals - Drugs to Treat Fungal Infections26

Antigout Agents28

Antimigraine Agents28

Antimigraine Agents - Drugs to Treat Migraines28

Antimyasthenic Agents29

Antimycobacterials29

Antineoplastics30

Antineoplastics - Drugs to Treat Cancer32

Antineoplastics, Other - Chemotherapy Agents33

Antiparasitics33

Antiparasitics - Drugs to Treat Parasitic Infections34

Antiparkinson Agents	34
Antipsychotics	35
Antispasmodics, Urinary - Bladder Control Drugs.....	37
Antispasticity Agents.....	37
Antivirals.....	37
Antivirals - Drugs to Treat Viral Infections	41
Anxiolytics.....	41
Anxiolytics - Drugs to Treat Anxiety.....	41
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	42
Bipolar Agents.....	42
Blood Glucose Regulators	42
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	45
Blood Products and Modifiers.....	46
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders.....	47
Cardiovascular Agents.....	48
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs.....	53
Central Nervous System Agents.....	53
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	56
Dental and Oral Agents	57
Dermatological Agents.....	57
Dermatological Agents - Drugs to Treat Skin Conditions.....	62
DEVICES	64
Diabetes - Glucose Monitoring	64
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs.....	66
Electrolytes/Minerals/Metals/Vitamins.....	67
Estrogens - Hormone Replacement/Modifying Drugs.....	77
Gastrointestinal Agents	77
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	80

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	93
Genitourinary Agents	94
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	94
Glycemic Agents - Diabetic Drugs	95
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	95
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	96
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones.....	96
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	96
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	97
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	103
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	103
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones.....	104
Hormonal Agents, Suppressant (Adrenal).....	104
Hormonal Agents, Suppressant (Pituitary).....	104
Hormonal Agents, Suppressant (Thyroid).....	105
Immune Suppressants - Immune System Drugs.....	105
Immunological Agents.....	105
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	108
Inflammatory Bowel Disease Agents.....	108
Metabolic Bone Disease Agents	109
Miscellaneous Therapeutic Agents.....	109
Molecular Target Inhibitors - Chemotherapy Agents	117
Multiple Sclerosis Agents - Multiple Sclerosis Drugs.....	118
Ophthalmic Agents	118
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	121
Otic Agents	125
Otic Agents - Drugs to Treat Ear Conditions.....	125
Respiratory Tract/Pulmonary Agents	126

Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	132
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	148
Skeletal Muscle Relaxants.....	148
Sleep Disorder Agents.....	148
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	149
Vitamins.....	153

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Analgesics

Nonsteroidal Anti-inflammatory Drugs

ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL
 ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL
 ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; QL
 all day pain relief oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL
 all day relief (generic for MEDIPROXEN) - Tier 1; QL
 celecoxib oral (generic for CELEBREX) - Tier 1; QL
 diclofenac potassium oral tablet 50 mg - Tier 1; QL
 diclofenac sodium er - Tier 1; QL
 diclofenac sodium external gel 1 % (generic for ALEVE ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL
 diclofenac sodium external solution 1.5 % - Tier 1; PA; QL
 diclofenac sodium oral - Tier 1; QL
 ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL
 etodolac (generic for LODINE) - Tier 1; QL
 ft ibuprofen oral tablet (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ibuprofen (generic for IBU) - Tier 1; QL
 ibu-200 (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL
 ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL
 ELYXYB - Tier 2; PA; QL
 FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL
 LICART - Tier 2; PA; QL
 NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA
 NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL
 NAPROSYN ORAL SUSPENSION (brand for naproxen) - Tier 2; PA; QL; AL
 NAPROSYN ORAL TABLET (brand for naproxen) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</i></p> <p><i>ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL</i></p> <p><i>ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL</i></p> <p><i>indomethacin oral - Tier 1; QL</i></p> <p><i>INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL</i></p> <p><i>infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL</i></p> <p><i>ketoprofen oral capsule 50 mg - Tier 1; QL</i></p> <p><i>ketorolac tromethamine oral - Tier 1; QL</i></p> <p><i>medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>mediproxen (generic for MEDIPROXEN) - Tier 1; QL</i></p> <p><i>meloxicam oral tablet - Tier 1; QL</i></p> <p><i>mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL</i></p> <p><i>MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL</i></p> <p><i>MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL</i></p> <p><i>nabumetone oral - Tier 1; QL</i></p> <p><i>naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL</i></p> <p><i>naproxen oral suspension (generic for NAPROSYN) - Tier 1; QL; AL</i></p> <p><i>naproxen oral tablet (generic for NAPROSYN) - Tier 1; QL</i></p> <p><i>naproxen oral tablet delayed release (generic for EC-NAPROSYN) - Tier 1; QL</i></p> <p><i>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL</i></p> <p><i>oxaprozin (generic for DAYPRO) - Tier 1; QL</i></p> <p><i>piroxicam oral (generic for FELDENE) - Tier 1; QL</i></p> <p><i>sulindac oral - Tier 1; QL</i></p>	

Opioid Analgesics, Long-acting

<i>buprenorphine (generic for BUTRANS) - Tier 1; PA; QL</i>	BELBUCA - Tier 2; PA; QL
---	--------------------------

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL</i></p> <p><i>hydrocodone bitartrate er oral capsule extended release 12 hour - Tier 1; PA; QL</i></p> <p><i>methadone hcl oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL</i></p> <p><i>methadose oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL</i></p> <p><i>morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL</i></p> <p><i>oxymorphone hcl er - Tier 1; PA; QL</i></p>	<p><i>BUTRANS (brand for buprenorphine) - Tier 2; PA; QL</i></p> <p><i>HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL</i></p> <p><i>morphine sulfate er beads - Tier 1; PA; QL</i></p> <p><i>NUCYNTA ER - Tier 2; PA; QL</i></p> <p><i>OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL</i></p> <p><i>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG - Tier 2; PA; QL</i></p> <p><i>XTAMPZA ER - Tier 2; PA; QL</i></p>

Opioid Analgesics, Short-acting

<p><i>acetaminophen-codeine - Tier 1; QL</i></p> <p><i>ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i></p> <p><i>bac (generic for BAC) - Tier 1; QL</i></p> <p><i>butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL</i></p> <p><i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL</i></p> <p><i>butalbital-apap-caffeine oral capsule 50-325-40 mg (generic for ESGIC) - Tier 1; QL</i></p> <p><i>butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL</i></p> <p><i>butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i></p> <p><i>butalbital-aspirin-caffeine - Tier 1; QL</i></p> <p><i>butorphanol tartrate nasal - Tier 1; QL</i></p> <p><i>codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL</i></p> <p><i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i></p> <p><i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL</i></p> <p><i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL</i></p> <p><i>hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL</i></p> <p><i>hydromorphone hcl rectal - Tier 1; QL</i></p> <p><i>morphine sulfate (concentrate) - Tier 1; QL</i></p>	<p><i>apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL</i></p> <p><i>NUCYNTA - Tier 2; PA; QL</i></p> <p><i>SEGLENTIS - Tier 2; PA; QL</i></p> <p><i>TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL</i></p>
---	---

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>morphine sulfate oral - Tier 1; QL</i> <i>morphine sulfate rectal - Tier 1; QL</i> <i>oxycodone hcl oral concentrate - Tier 1; QL</i> <i>oxycodone hcl oral solution - Tier 1; QL</i> OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i> <i>pentazocine-naloxone hcl - Tier 1; QL</i> <i>TENCON (brand for butalbital-acetaminophen) - Tier 2; QL</i> <i>tramadol hcl oral tablet 50 mg - Tier 1; QL</i></p>	
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
<p><i>buprenorphine hcl sublingual - Tier 1; QL</i></p>	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
Analgesics - Miscellaneous Analgesics	
<p><i>8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

acetaminophen childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen infants (generic for PANADOL CHILDRENS) - Tier 1; QL
acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for PANADOL CHILDRENS) - Tier 1; QL
acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL
acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL
acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL
apra (generic for MAX RELIEF JUNIOR) - Tier 1; QL
arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL
betatemp childrens (generic for PANADOL CHILDRENS) - Tier 1; QL
childrens acetaminophen (generic for PANADOL CHILDRENS) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL
childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2
fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier 1; QL
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
ft pain relief (generic for PHARBETOL) - Tier 1; QL
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
headache relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
infants pain & fever (generic for PANADOL CHILDRENS) - Tier 1; QL
infants pain relief drops (generic for PANADOL CHILDRENS) - Tier 1; QL
infants pain/fever (generic for PANADOL CHILDRENS) - Tier 1; QL
liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
mapap oral capsule - Tier 1; QL
MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL
migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL
pain & fever child (generic for PANADOL CHILDRENS) - Tier 1; QL
pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL
pain & fever childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL
pain & fever infants (generic for PANADOL CHILDRENS) - Tier 1; QL
pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL
pain relief childrens oral suspension (generic for PANADOL CHILDRENS) - Tier 1; QL
pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain relief extra strength oral capsule 500 mg - Tier 1; QL
pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
pain relief oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
pain relief regular strength (generic for PHARBETOL) - Tier 1; QL
pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain reliever (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL
pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL
PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL
PHARBETOL (brand for acetaminophen) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL</p> <p>sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1; QL</p> <p>TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL</p> <p>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL</p> <p>TYLENOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2; QL</p> <p>TYLENOL ORAL TABLET 500 MG (brand for acetaminophen) - Tier 2; QL</p> <p>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL</p> <p>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL</p>	
<p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p>	
<p>salsalate oral - Tier 1; QL</p>	
<p>Opioid Analgesics, Short-acting</p>	
<p>oxycodone hcl oral tablet 10 mg, 20 mg - Tier 1; QL</p> <p>oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - Tier 1; QL</p>	
<p>Anesthetics</p>	
<p>Local Anesthetics</p>	
<p>7T LIDO - Tier 2; QL</p> <p>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>lidocaine external cream (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>lidopin external cream 3 % - Tier 1; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; QL</i> <i>PROXIVOL - Tier 2; QL</i></p>	
<p>Anti-Addiction/Substance Abuse Treatment Agents</p>	
<p>Alcohol Deterrents/Anti-craving</p>	
<p><i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral tablet 250 mg - Tier 1; QL</i> <i>disulfiram oral tablet 500 mg - Tier 1</i> <i>naltrexone hcl oral - Tier 1</i> <i>VIVITROL - Tier 2; QL</i></p>	
<p>Opioid Dependence</p>	
<p><i>buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; QL</i></p>	<p><i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA; QL</i> <i>ZUBSOLV - Tier 2; PA; ^; QL</i></p>
<p>Opioid Reversal Agents</p>	
<p><i>naloxone hcl injection solution - Tier 1; QL</i> <i>naloxone hcl injection solution cartridge - Tier 1; QL</i> <i>naloxone hcl injection solution prefilled syringe - Tier 1; ^; QL</i> <i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i> <i>NARCAN (brand for naloxone hcl) - Tier 2; QL</i></p>	<p><i>KLOXXADO - Tier 2; PA; ^; QL</i> <i>ZIMHI - Tier 2; PA; ^; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Smoking Cessation Agents

APO-VARENICLINE - Tier 2; QL
bupropion hcl er (smoking det) - Tier 1
habitrol (generic for HABITROL) - Tier 1; QL
NICODERM CQ (brand for cvs nicotine) - Tier 2; QL
nicotine step 1 (generic for HABITROL) - Tier 1; QL
nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL
nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL
nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL
nicotine transdermal system (generic for HABITROL) - Tier 1; QL
 NICOTROL - Tier 2; QL
 NICOTROL NS - Tier 2; QL
varenicline tartrate - Tier 1; QL
varenicline tartrate (starter) - Tier 1; QL
varenicline tartrate(continue) - Tier 1; QL

Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence
--

Smoking Cessation Agents - Deterrents

mini nicotine (generic for KLS QUIT2) - Tier 1; QL
NICORETTE (brand for cvs nicotine) - Tier 2; QL
NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL
NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL
nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine mini (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; QL</i> <i>quit2 (generic for KLS QUIT2) - Tier 1; QL</i> <i>quit4 (generic for KLS QUIT4) - Tier 1; QL</i> <i>THRIVE (brand for cvs nicotine) - Tier 2; QL</i></p>	
Antandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
<p>HUMATIN - Tier 2; QL <i>neomycin sulfate oral - Tier 1; QL</i></p>	
Antibacterials, Other	
<p><i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i> <i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i></p>	<p>CLINDESSE - Tier 2; PA; QL <i>FLAGYL (brand for metronidazole) - Tier 2; PA; QL</i> <i>METROGEL (brand for metronidazole) - Tier 2; PA; QL</i> NORITATE - Tier 2; PA NUVESSA - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p> <i>linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i> <i>metronidazole oral tablet - Tier 1; QL</i> <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i> <i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i> <i>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>tinidazole oral tablet 250 mg - Tier 1</i> <i>tinidazole oral tablet 500 mg - Tier 1; QL</i> <i>trimethoprim oral - Tier 1; QL</i> <i>vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; DX2RX; QL</i> <i>VANDAZOLE (brand for metronidazole) - Tier 2; QL</i> </p>	<p> <i>VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL</i> <i>XENLETA ORAL - Tier 2; PA; QL</i> <i>XIFAXAN - Tier 2; PA; QL</i> </p>

Beta-lactam, Cephalosporins

<p> <i>cefaclor oral capsule - Tier 1; QL</i> <i>cefadroxil - Tier 1; QL</i> <i>cefdinir - Tier 1; QL</i> <i>cefixime oral capsule - Tier 1; QL</i> <i>cefepodoxime proxetil oral tablet - Tier 1; QL</i> <i>cefprozil - Tier 1; QL</i> <i>cefuroxime axetil - Tier 1; QL</i> <i>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</i> <i>cephalexin oral suspension reconstituted - Tier 1; QL</i> </p>	
--	--

Beta-lactam, Penicillins

<p> <i>amoxicillin - Tier 1; QL</i> <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i> <i>ampicillin - Tier 1; QL</i> </p>	
---	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

dicloxacillin sodium - Tier 1; QL
penicillin v potassium - Tier 1; QL

Macrolides

azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL
azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL
clarithromycin er - Tier 1; QL
clarithromycin oral - Tier 1; QL
 DIFICID - Tier 2; PA; QL
E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL
ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL
erythromycin base oral (generic for ERY-TAB) - Tier 1; QL
erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL
erythromycin oral (generic for ERY-TAB) - Tier 1; QL

Quinolones

CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL
ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL
levofloxacin oral tablet (generic for LEVAQUIN) - Tier 1; QL
moxifloxacin hcl oral - Tier 1; QL
ofloxacin oral - Tier 1; QL

Sulfonamides

sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL
sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL

Tetracyclines

doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL
doxycycline hyclate oral tablet 100 mg - Tier 1; QL
 ORACEA (brand for doxycycline) - Tier 2; PA
 SOLODYN (brand for minocycline hcl er) - Tier 2; PA

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL</p> <p>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</p> <p>minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL</p> <p>mondoxyne nl (generic for MONDOXYNE NL) - Tier 1; QL</p> <p>NUZYRA ORAL - Tier 2; PA; QL</p>	<p>XIMINO (brand for minocycline hcl er) - Tier 2; PA; QL</p>

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics	
<p>antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p> <p>antiseptic (generic for BETADINE) - Tier 1</p> <p>BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2</p> <p>first aid antibiotic external ointment 3.5-400-5000 , 3.5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p> <p>first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1</p> <p>medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p> <p>NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL</p> <p>povidone iodine (generic for BETADINE) - Tier 1</p> <p>povidone-iodine external solution (generic for BETADINE) - Tier 1</p> <p>SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2</p> <p>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p> <p>triple antibiotic original (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p>	<p>SUTAB - Tier 2; PA</p>

Anticonvulsants

Anticonvulsants, Other

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL; AL</i></p> <p><i>felbamate oral tablet (generic for FELBATOL) - Tier 1; QL</i></p> <p><i>lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL</i></p> <p><i>lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL; AL</i></p> <p><i>lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; *, QL</i></p> <p><i>lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; *, QL</i></p> <p><i>lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; *, QL</i></p> <p><i>levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution||Available for an extended day(s) supply; QL; AL</i></p> <p><i>levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL</i></p> <p><i>roweepra (generic for ROWEEPRA) - Tier 1; QL</i></p> <p><i>subvenite (generic for SUBVENITE) - Tier 1; QL</i></p> <p><i>subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; *, QL</i></p> <p><i>subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; *, QL</i></p> <p><i>subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; *, QL</i></p> <p><i>topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL; AL</i></p> <p><i>topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL</i></p> <p><i>valproic acid oral - Tier 1; QL</i></p>	<p>BRIVIACT ORAL - Tier 2; PA; QL</p> <p>EPIDIOLEX - Tier 2; PA; SP; QL</p> <p>FINTEPLA - Tier 2; PA; QL</p> <p>FYCOMPA - Tier 2; PA; QL</p> <p>TOPAMAX (brand for topiramate) - Tier 2; PA; QL</p> <p>TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL; AL</p> <p>TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL</p> <p>XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL</p> <p>XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL</p> <p>XCOPRI ORAL TABLET - Tier 2; PA; QL</p> <p>XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA</p>
<p>Calcium Channel Modifying Agents</p>	
<p><i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i></p> <p><i>methsuximide (generic for CELONTIN) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
<p><i>clobazam (generic for ONFI) - Tier 1; DX2RX; QL</i> <i>diazepam rectal gel 10 mg, 20 mg (generic for DIASTAT ACUDIAL) - Tier 1</i> <i>diazepam rectal gel 2.5 mg (generic for DIASTAT PEDIATRIC) - Tier 1; QL</i> <i>gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</i> <i>gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</i> NAYZILAM - Tier 2; PA; QL <i>phenobarbital oral - Tier 1; QL</i> <i>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</i> <i>tiagabine hcl - Tier 1; PA; QL; AL</i> <i>vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL</i> <i>vigadrone oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL</i></p>	<p><i>gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL</i> <i>NEURONTIN (brand for gabapentin) - Tier 2; PA; QL</i> SYMPAZAN - Tier 2; PA; QL VALTOCO 10 MG DOSE - Tier 2; PA; QL VALTOCO 15 MG DOSE - Tier 2; PA; QL VALTOCO 20 MG DOSE - Tier 2; PA; QL VALTOCO 5 MG DOSE - Tier 2; PA; QL</p>
Sodium Channel Agents	
<p><i>carbamazepine er (generic for CARBATROL) - Tier 1; QL</i> <i>carbamazepine oral (generic for EPITOL) - Tier 1; QL</i> DILANTIN ORAL CAPSULE 30 MG - Tier 2 <i>epitol (generic for EPITOL) - Tier 1; QL</i> <i>lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL</i> <i>oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution||Available for an extended day(s) supply; QL; AL</i> <i>oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL</i> <i>phenytek (generic for PHENYTEK) - Tier 1; QL</i> <i>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</i> <i>phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL</i> <i>phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL</i></p>	<p>APTIOM - Tier 2; PA; QL OXTELLAR XR - Tier 2; PA; QL <i>VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL</i> <i>ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL</i> <i>rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL</i> <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i>	
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other	
	DIACOMIT - Tier 2; PA; SP; QL
Antidementia Agents	
Antidementia Agents, Other	
	NAMZARIC - Tier 2; PA; QL; AL
Cholinesterase Inhibitors	
<i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA||Available for an extended day(s) supply; QL; AL</i> <i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA||Available for an extended day(s) supply; QL; AL</i> <i>galantamine hydrobromide oral solution - Tier 1; QL; AL</i> <i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL</i> <i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA||Available for an extended day(s) supply; QL; AL</i> <i>rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA||Available for an extended day(s) supply; QL; AL</i> <i>rivastigmine tartrate - Tier 1; QL; AL</i>	<i>EXELON (brand for rivastigmine) - Tier 2; PA; Members <18 years of age will require PA||Available for an extended day(s) supply; QL; AL</i>
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<i>memantine hcl oral solution - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>memantine hcl oral tablet (generic for NAMENDA) - Tier 1; Members <18 years of age will require PA||Available for an extended day(s) supply; QL; AL</i></p>	
Antidepressants	
Antidepressants, Other	
<p><i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL</i> <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; ^; QL</i> <i>bupropion hcl oral - Tier 1; QL</i> <i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs)||Available for an extended day(s) supply; QL</i> <i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL</i> <i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1</i> <i>perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL</i> <i>ZULRESSO - Tier 2; ^</i></p>	<p><i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; ^; QL</i> <i>SPRAVATO (84 MG DOSE) - Tier 2; PA; ^; QL</i> <i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; ^; QL</i></p>
Monoamine Oxidase Inhibitors	
<p><i>tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL</i></p>	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
<p><i>citalopram hydrobromide oral solution - Tier 1; QL</i> <i>citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL</i> <i>escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL</i> <i>fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL</i> <i>fluoxetine hcl oral solution - Tier 1; QL</i> <i>fluvoxamine maleate - Tier 1; QL</i> <i>paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL</i> <i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL</i></p>	<p><i>CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL</i> <i>FETZIMA - Tier 2; PA; ^; QL</i> <i>PAXIL ORAL SUSPENSION (brand for paroxetine hcl) - Tier 2; PA; ^; QL</i> <i>PAXIL ORAL TABLET (brand for paroxetine hcl) - Tier 2; PA; QL</i> <i>PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; ^; QL</i> <i>TRINTELLIX - Tier 2; PA; *, QL</i> <i>VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; ^; QL</i> <i>VIIBRYD STARTER PACK - Tier 2; PA; ^; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL venlafaxine hcl - Tier 1; QL venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL</p>	
Tricyclics	
<p>amitriptyline hcl oral - Tier 1; QL amoxapine - Tier 1; QL clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; ^ desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL doxepin hcl oral capsule - Tier 1; QL doxepin hcl oral concentrate - Tier 1; QL imipramine hcl oral - Tier 1; QL nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL</p>	
Antiemetics	
Antiemetics, Other	
<p>BONINE (brand for cvs motion sickness relief) - Tier 2 compro (generic for COMPRO) - Tier 1; QL driminate (generic for DRIMINATE) - Tier 1 ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1 meclizine hcl oral tablet 12.5 mg - Tier 1; QL meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1 metoclopramide hcl oral solution - Tier 1; QL metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1 motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1 motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1</p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>motion-time (generic for BONINE) - Tier 1</i> <i>perphenazine oral - Tier 1; QL</i> <i>prochlorperazine (generic for COMPRO) - Tier 1; QL</i> <i>prochlorperazine maleate oral - Tier 1; QL</i> <i>promethazine hcl oral - Tier 1; QL</i> <i>promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL</i> <i>promethegan (generic for PROMETHEGAN) - Tier 1; QL</i> <i>travel ease (generic for BONINE) - Tier 1</i> <i>trimethobenzamide hcl oral - Tier 1; QL</i></p>	
Emetogenic Therapy Adjuncts	
<p><i>aprepitant (generic for EMEND) - Tier 1; QL</i> <i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i> <i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i> <i>ondansetron odt - Tier 1; QL</i></p>	<p>AKYNZEO ORAL - Tier 2; PA; QL EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL SANCUSO - Tier 2; PA; QL</p>
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<p><i>anti-nausea (generic for EMETROL) - Tier 1</i> <i>anti-nausea relief (generic for EMETROL) - Tier 1</i> EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2 <i>nausea control (generic for EMETROL) - Tier 1</i> <i>nausea relief oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1</i></p>	
Antifungals	
<p><i>3 day (generic for MONISTAT 3) - Tier 1</i> <i>clotrimazole mouth/throat troche 10 mg - Tier 1; QL</i> <i>fluconazole oral (generic for DIFLUCAN) - Tier 1; QL</i> <i>griseofulvin microsize oral - Tier 1; QL</i> <i>griseofulvin ultramicrosize - Tier 1; QL</i></p>	<p>CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL GYNAZOLE-1 - Tier 2; PA; QL NOXAFIL ORAL PACKET - Tier 2; PA; QL; AL NOXAFIL ORAL SUSPENSION (brand for posaconazole) - Tier 2; PA</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL</i> <i>ketoconazole oral - Tier 1; QL</i> <i>miconazole 3 - Tier 1; QL</i> <i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>miconazole 7 day treatment (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>miconazole 7 vaginal suppository 100 mg - Tier 1</i> <i>miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>nystatin mouth/throat - Tier 1; QL</i> <i>nystatin oral - Tier 1; QL</i> <i>terbinafine hcl oral - Tier 1; QL</i> <i>terconazole vaginal cream - Tier 1; QL</i> <i>voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL</i></p>	<p><i>NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL</i> <i>VFEND (brand for voriconazole) - Tier 2; PA; QL</i></p>

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

<p><i>3 day vaginal - Tier 1</i> <i>3-day vaginal vaginal cream 2 % - Tier 1</i> <i>antifungal external cream (generic for MICATIN) - Tier 1</i> <i>antifungal external powder (generic for DESENEX) - Tier 1; QL</i> <i>antifungal foot care (generic for LAMISIL AT) - Tier 1; QL</i> <i>antifungal miconazole (generic for MICATIN) - Tier 1</i> <i>athlete's foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1</i> <i>athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL</i></p>	
--	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL
athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1
baza antifungal (generic for MICATIN) - Tier 1
clotrimazole 3 - Tier 1
clotrimazole 7 - Tier 1; QL
clotrimazole vaginal - Tier 1; QL
clotrimazole vaginal cream 1 % - Tier 1; QL
critic-aid clear af - Tier 1
CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2
DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL
DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2
foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
ft antifungal external cream 2 % (generic for MICATIN) - Tier 1
ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL
LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL
micaderm (generic for MICATIN) - Tier 1
MICATIN (brand for antifungal) - Tier 2
miconazole antifungal (generic for MICATIN) - Tier 1
miconazole nitrate external cream (generic for MICATIN) - Tier 1
miconazorb af (generic for DESENEX) - Tier 1; QL
terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL
terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
ZEASORB-AF (brand for antifungal) - Tier 2; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antigout Agents	
<i>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</i> <i>colchicine oral tablet (generic for COLCRYS) - Tier 1; QL</i> <i>febuxostat (generic for ULORIC) - Tier 1; ST; QL</i> <i>probenecid - Tier 1; QL</i>	<i>colchicine oral capsule (generic for MITIGARE) - Tier 1; PA; QL</i> <i>COLCRYS (brand for colchicine) - Tier 2; PA; QL</i> <i>MITIGARE (brand for colchicine) - Tier 2; PA; QL</i>
Antimigraine Agents	
Ergot Alkaloids	
<i>dihydroergotamine mesylate injection - Tier 1; QL</i> MIGERGOT - Tier 2; QL	MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL QULIPTA - Tier 2; PA; QL
Prophylactic	
AIMOVIG - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL	AJOVY - Tier 2; PA; QL
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
NURTEC - Tier 2; PA; QL	UBRELVY - Tier 2; PA; QL
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
<i>naratriptan hcl - Tier 1; ST; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan nasal (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL</i>	<i>FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL</i> <i>IMITREX (brand for sumatriptan) - Tier 2; PA; QL</i> <i>MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL</i> <i>RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL</i> REYVOW - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL</i> <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</i></p>	<p><i>TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL</i> <i>ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL</i></p>
Antimyasthenic Agents	
Parasympathomimetics	
<p><i>pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i></p>	
Antimycobacterials	
Antimycobacterials, Other	
<p><i>dapsone oral - Tier 1; QL</i> <i>rifabutin (generic for MYCOBUTIN) - Tier 1; QL</i></p>	
Antituberculars	
<p><i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL</p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 LEUKERAN - Tier 2 MATULANE - Tier 2; SP; QL MYLERAN - Tier 2 <i>temozolomide - Tier 1; PA; SP; QL</i>	
Antiandrogens	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL <i>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</i>
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i> THALOMID - Tier 2; PA; SP; QL	
Antiestrogens/Modifiers	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral - Tier 1; QL</i>	PURIXAN - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
TABLOID - Tier 2; SP	
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; QL
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; QL</i>	
Enzyme Inhibitors	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP; QL	
Molecular Target Inhibitors	
BALVERSA - Tier 2; PA; SP; QL COTELLIC - Tier 2; PA; SP; QL DAURISMO - Tier 2; PA; SP; QL ERIVEDGE - Tier 2; PA; SP; QL <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL</i> <i>everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL</i> IBRANCE ORAL CAPSULE - Tier 2; PA; SP; QL IBRANCE ORAL TABLET - Tier 2; PA; QL JAKAFI - Tier 2; PA; SP; QL LYNPARZA - Tier 2; PA; SP; QL	<i>AFINITOR (brand for everolimus) - Tier 2; PA; SP; QL</i> BRAFTOVI - Tier 2; PA; SP; QL COPIKTRA - Tier 2; PA; SP; QL EXKIVITY - Tier 2; PA; SP; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL KISQALI FEMARA (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; QL KOSELUGO - Tier 2; PA; SP; QL MEKTOVI - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>MEKINIST - Tier 2; PA; SP; QL ODOMZO - Tier 2; PA; SP; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL RUBRACA - Tier 2; PA; SP; QL RYDAPT - Tier 2; PA; SP; QL <i>sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL</i> STIVARGA - Tier 2; PA; SP; QL <i>sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL</i> TAFINLAR - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG - Tier 2; PA; SP; QL</p>	<p><i>NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL</i> <i>SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL</i> TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG - Tier 2; PA; SP; QL TEPMETKO - Tier 2; PA; SP; QL</p>
Retinoids	
<p><i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP; QL</i> <i>tretinoin oral - Tier 1; SP; QL</i></p>	<p><i>TARGRETIN (brand for bexarotene) - Tier 2; PA; SP; QL</i></p>
Treatment Adjuncts	
<p><i>leucovorin calcium oral tablet 10 mg - Tier 1</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL</i> MESNEX ORAL - Tier 2; SP; QL</p>	
Antineoplastics - Drugs to Treat Cancer	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Alkylating Agents - Chemotherapy Agents	
<i>melphalan</i> - Tier 1	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine</i> (generic for XELODA) - Tier 1; SP; QL	
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS - Tier 2; PA; SP; QL
Antiparasitics	
Anthelmintics	
<i>albendazole oral</i> - Tier 1; DX2RX; QL <i>ivermectin oral</i> (generic for STROMECTOL) - Tier 1; DX2RX; QL <i>praziquantel oral</i> (generic for BILTRICIDE) - Tier 1; DX2RX; QL	EMVERM - Tier 2; PA; QL
Antiprotozoals	
<i>atovaquone</i> (generic for MEPRON) - Tier 1; PA; QL <i>atovaquone-proguanil hcl</i> (generic for MALARONE) - Tier 1; QL BENZNIDAZOLE - Tier 2; DX2RX; QL <i>chloroquine phosphate oral</i> - Tier 1; DX2RX; QL <i>hydroxychloroquine sulfate oral tablet 200 mg</i> (generic for PLAQUENIL) - Tier 1; DX2RX; QL KRINTAFEL - Tier 2; QL <i>mefloquine hcl</i> - Tier 1; QL	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>nitazoxanide oral (generic for ALINIA) - Tier 1; DX2RX; QL</i> <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1</i> <i>primaquine phosphate - Tier 1</i> <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL</i></p>	
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
<p><i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i></p>	
Antiparkinson Agents	
Anticholinergics	
<p><i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl oral tablet - Tier 1; QL</i></p>	
Antiparkinson Agents, Other	
<p><i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone (generic for COMTAN) - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i></p>	<p><i>COMTAN (brand for entacapone) - Tier 2; PA; QL</i> <i>GOCOVRI - Tier 2; PA; QL</i> <i>NOURIANZ - Tier 2; PA; QL</i> <i>ONGENTYS - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
	OSMOLEX ER - Tier 2; PA; QL TASMAR (brand for tolcapone) - Tier 2; PA; QL
Dopamine Agonists	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1 ropinirole hcl - Tier 1; QL	APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL NEUPRO - Tier 2; PA; QL
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
carbidopa-levodopa er - Tier 1; QL carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL DHIVY (brand for carbidopa-levodopa) - Tier 2; QL	carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL DUOPA - Tier 2; PA INBRIJA - Tier 2; PA; SP; QL RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL
Monoamine Oxidase B (MAO-B) Inhibitors	
selegiline hcl oral - Tier 1; QL	
Antipsychotics	
1st Generation/Typical	
chlorpromazine hcl oral tablet - Tier 1; QL fluphenazine decanoate injection - Tier 1; QL fluphenazine hcl injection - Tier 1 fluphenazine hcl oral concentrate - Tier 1 fluphenazine hcl oral elixir - Tier 1	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>fluphenazine hcl oral tablet - Tier 1; QL haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL haloperidol oral - Tier 1; QL loxapine succinate - Tier 1; QL pimozide - Tier 1; QL; AL thioridazine hcl oral - Tier 1; QL thiothixene - Tier 1; QL trifluoperazine hcl - Tier 1; QL</p>	
2nd Generation/Atypical	
<p>ABILIFY MAINTENA - Tier 2; DX2RX; ST; ^; QL; AL aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL ARISTADA - Tier 2; DX2RX; ST; ^; QL; AL INVEGA HAFYERA - Tier 2; PA; ^; QL; AL INVEGA SUSTENNA - Tier 2; DX2RX; ST; ^; QL; AL INVEGA TRINZA - Tier 2; DX2RX; ST; ^; QL; AL lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL PERSERIS - Tier 2; DX2RX; ST; ^; QL; AL quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; ^; AL quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (generic for SEROQUEL) - Tier 1; QL; AL quetiapine fumarate oral tablet 150 mg - Tier 1; ^; AL RISPERDAL CONSTA - Tier 2; DX2RX; ST; ^; QL; AL risperidone oral solution (generic for RISPERDAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL</p>	<p>ABILIFY (brand for aripiprazole) - Tier 2; PA; QL; AL aripiprazole oral solution - Tier 1; DX2RX; ^; QL; AL aripiprazole oral tablet dispersible - Tier 1; DX2RX; ^; QL; AL ARISTADA INITIO - Tier 2; DX2RX; ^; QL; AL CAPLYTA - Tier 2; PA; ^; QL; AL FANAPT - Tier 2; DX2RX; ^; QL; AL FANAPT TITRATION PACK - Tier 2; DX2RX; ^; QL; AL GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL INVEGA (brand for paliperidone er) - Tier 2; DX2RX; ^; QL; AL LATUDA (brand for lurasidone hcl) - Tier 2; PA; QL; AL LYBALVI - Tier 2; PA; ^; QL; AL olanzapine oral tablet dispersible (generic for ZYPREXA ZYDIS) - Tier 1; DX2RX; ^; QL; AL paliperidone er (generic for INVEGA) - Tier 1; DX2RX; ^; QL; AL REXULTI - Tier 2; DX2RX; ^; QL; AL RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; PA; QL; AL risperidone oral tablet dispersible - Tier 1; DX2RX; ^; QL; AL SAPHRIS (brand for asenapine maleate) - Tier 2; DX2RX; ^; QL; AL SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; ^; AL VRAYLAR - Tier 2; DX2RX; ^; QL; AL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
	ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; DX2RX; ^; QL; AL
Treatment-Resistant	
clozapine oral tablet 100 mg, 25 mg, 50 mg (generic for CLOZARIL) - Tier 1; QL; AL clozapine oral tablet 200 mg (generic for CLOZARIL) - Tier 1; ^; AL	CLOZARIL ORAL TABLET 100 MG, 25 MG, 50 MG (brand for clozapine) - Tier 2; PA; QL; AL CLOZARIL ORAL TABLET 200 MG (brand for clozapine) - Tier 2; PA; ^; AL VERSACLOZ - Tier 2; DX2RX; ^; QL; AL
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	GEMTESA - Tier 2; PA; QL
Antispasticity Agents	
baclofen oral tablet - Tier 1; QL dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL	ZANAFLEX ORAL CAPSULE 2 MG (brand for tizanidine hcl) - Tier 2; PA; QL ZANAFLEX ORAL CAPSULE 4 MG, 6 MG (brand for tizanidine hcl) - Tier 2; PA ZANAFLEX ORAL TABLET (brand for tizanidine hcl) - Tier 2; PA; QL
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL	
Anti-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; SP; QL entecavir (generic for BARACLUDE) - Tier 1; SP; QL	VEMLIDY - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>lamivudine oral tablet 100 mg - Tier 1; SP; QL</i>	
Anti-hepatitis C (HCV) Agents	
MAVYRET ORAL PACKET - Tier 2; PA; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; QL <i>ribavirin oral - Tier 1; QL</i> SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; QL ZEPATIER - Tier 2; PA; QL	EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; QL HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; QL LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; QL SOVALDI - Tier 2; PA; QL VOSEVI - Tier 2; PA; QL
Antitherpetic Agents	
<i>acyclovir oral - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2 BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; QL DOVATO - Tier 2; QL GENVOYA - Tier 2; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2; Members >= 2 years of age will require PA; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL JULUCA - Tier 2; QL STRIBILD - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
<p>COMPLERA - Tier 2; QL DELSTRIGO - Tier 2; QL EDURANT - Tier 2; QL <i>efavirenz (generic for SUSTIVA) - Tier 1; QL</i> <i>efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; QL</i> <i>efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL</i> <i>etravirine (generic for INTELENCE) - Tier 1; QL</i> INTELENCE ORAL TABLET 25 MG - Tier 2; QL <i>nevirapine - Tier 1; QL</i> <i>nevirapine er - Tier 1; QL</i> PIFELTRO - Tier 2; QL</p>	<p><i>SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL</i> <i>SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL</i></p>
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
<p><i>abacavir sulfate (generic for ZIAGEN) - Tier 1; QL</i> <i>abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; QL</i> CIMDUO - Tier 2; QL DESCOVY - Tier 2; QL <i>emtricitabine (generic for EMTRIVA) - Tier 1; QL</i> <i>emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; QL</i> EMTRIVA ORAL SOLUTION - Tier 2; QL <i>lamivudine oral solution (generic for EPIVIR) - Tier 1; QL</i> <i>lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL</i> <i>lamivudine-zidovudine (generic for COMBIVIR) - Tier 1; QL</i> ODEFSEY - Tier 2; QL <i>tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL</i> TRIUMEQ - Tier 2; QL TRIUMEQ PD - Tier 2; QL TRIZIVIR ORAL TABLET 300-150-300 MG - Tier 2; QL VIREAD ORAL POWDER - Tier 2; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL</p>	<p><i>TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>zidovudine (generic for RETROVIR) - Tier 1; QL</i>	
Anti-HIV Agents, Other	
FUZEON - Tier 2; QL <i>maraviroc (generic for SELZENTRY) - Tier 1; QL</i> RUKOBIA - Tier 2; QL SELZENTRY ORAL SOLUTION - Tier 2; QL SELZENTRY ORAL TABLET 25 MG, 75 MG - Tier 2; QL TYBOST - Tier 2; QL	
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS - Tier 2; QL <i>atazanavir sulfate (generic for REYATAZ) - Tier 1; QL</i> EVOTAZ - Tier 2; QL <i>fosamprenavir calcium (generic for LEXIVA) - Tier 1; QL</i> LEXIVA ORAL SUSPENSION - Tier 2; QL <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL</i> NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; Members >= 8 years of age will require PA; QL; AL <i>ritonavir (generic for NORVIR) - Tier 1; QL</i> SYMTUZA - Tier 2; QL VIRACEPT - Tier 2; QL	KALETRA (<i>brand for lopinavir-ritonavir</i>) - Tier 2; PA; QL REYATAZ ORAL CAPSULE (<i>brand for atazanavir sulfate</i>) - Tier 2; PA; QL
Anti-influenza Agents	
<i>oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL</i> <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL</i> RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl - Tier 1; QL</i>	TAMIFLU ORAL CAPSULE (<i>brand for oseltamivir phosphate</i>) - Tier 2; PA; QL TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>brand for oseltamivir phosphate</i>) - Tier 2; PA; QL; AL XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL</i>	
Benzodiazepines	
<i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam injection (generic for ATIVAN) - Tier 1; ^</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i>	LOREEV XR - Tier 2; PA; ^; QL
Anxiolytics - Drugs to Treat Anxiety	
Benzodiazepines - Anxiety Drugs	
	<i>DORAL (brand for quazepam) - Tier 2; PA; QL</i> <i>quazepam (generic for DORAL) - Tier 1; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	QELBREE - Tier 2; PA; ^; QL; AL
Bipolar Agents	
Mood Stabilizers	
<i>divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; *, QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL; AL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years||Available for an extended day(s) supply; QL</i> <i>lithium - Tier 1; QL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i> <i>lithium carbonate oral - Tier 1; QL</i>	
Blood Glucose Regulators	
Antidiabetic Agents	
<i>acarbose oral - Tier 1; QL</i> <i>ALOGLIPTIN BENZOATE (brand for alogliptin benzoate) - Tier 2; ST; QL</i> <i>ALOGLIPTIN-METFORMIN HCL (brand for alogliptin-metformin hcl) - Tier 2; ST; QL</i> <i>ALOGLIPTIN-PIOGLITAZONE (brand for alogliptin-pioglitazone) - Tier 2; ST; QL</i> <i>FARXIGA - Tier 2; PA; QL</i> <i>glimepiride - Tier 1; QL</i> <i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i>	BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - Tier 2; PA; QL GLYXAMBI - Tier 2; PA INVOKAMET - Tier 2; PA; QL INVOKAMET XR - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL JANUMET - Tier 2; PA; QL JANUMET XR - Tier 2; PA; QL JANUVIA - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p> <i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glyburide micronized (generic for GLYNASE) - Tier 1; QL</i> <i>glyburide oral - Tier 1; QL</i> <i>glyburide-metformin - Tier 1; QL</i> <i>metformin hcl er (osm) - Tier 1; PA; QL</i> <i>metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL</i> <i>metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1</i> <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</i> <i>nateglinide - Tier 1; QL</i> OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL <i>pioglitazone hcl (generic for ACTOS) - Tier 1; QL</i> <i>repaglinide - Tier 1; QL</i> RYBELSUS - Tier 2; PA; QL <i>saxagliptin hcl (generic for ONGLYZA) - Tier 1; QL</i> SEGLUROMET - Tier 2; ST; QL SOLIQUA - Tier 2; ST; QL STEGLATRO - Tier 2; ST; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; ST; QL </p>	<p> JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL KAZANO (brand for alogliptin-metformin hcl) - Tier 2; PA; ST; QL KOMBIGLYZE XR (brand for saxagliptin-metformin er) - Tier 2; PA; QL NESINA (brand for alogliptin benzoate) - Tier 2; PA; ST; QL ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL OSEN (brand for alogliptin-pioglitazone) - Tier 2; PA; ST; QL QTERN - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL SYNJARDY - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL TRULICITY - Tier 2; PA; QL XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG - Tier 2; PA XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL </p>

Glycemic Agents

<p> BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL GLUCAGEN HYPOKIT - Tier 2; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL <i>glucagon emergency kit 1 mg injection - Tier 1; QL</i> GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL </p>	<p> GLUCAGON EMERGENCY KIT 1 MG INJECTION - Tier 2; PA; QL </p>
---	---

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL	

Insulins	
HUMALOG MIX 50/50 - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N VIAL - Tier 2; QL HUMULIN R VIAL - Tier 2; QL <i>INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL</i> <i>INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL</i> <i>INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL</i> <i>INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; ST; QL</i> <i>INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL</i> <i>LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL</i> <i>LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL</i> NOVOLIN 70/30 RELION - Tier 2; QL NOVOLIN 70/30 VIAL - Tier 2; QL NOVOLIN N RELION - Tier 2; QL NOVOLIN N VIAL - Tier 2; QL NOVOLIN R RELION - Tier 2; QL NOVOLIN R VIAL - Tier 2; QL <i>NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL</i> <i>NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL</i>	<i>ADMELOG (brand for insulin lispro) - Tier 2; PA; QL</i> <i>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL</i> AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL <i>BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; PA; QL</i> FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL FIASP PENFILL - Tier 2; PA; QL <i>HUMALOG (brand for insulin lispro) - Tier 2; PA; QL</i> <i>HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; ST; QL</i> <i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL</i> <i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL</i> HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL HUMALOG MIX 75/25 - Tier 2; PA; QL <i>HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL</i> HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL HUMULIN N KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL <i>INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL</i> <i>INSULIN GLARGINE (brand for insulin glargine) - Tier 2; PA; QL</i> <i>INSULIN GLARGINE SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL
LEVEMIR FLEXPEN - Tier 2; PA; QL
LEVEMIR U-100 VIAL - Tier 2; PA; QL
LYUMJEV - Tier 2; PA; QL
LYUMJEV KWIKPEN - Tier 2; PA; QL
NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL
NOVOLIN N FLEXPEN - Tier 2; PA; QL
NOVOLIN R FLEXPEN - Tier 2; PA; QL
NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL
NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL
NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL
NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL
NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL
SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL
TOUJEO MAX SOLOSTAR - Tier 2; PA; QL
TOUJEO SOLOSTAR - Tier 2; PA; QL
TRESIBA (brand for insulin degludec) - Tier 2; PA; QL
TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL

Blood Glucose Regulators - Drugs to Regulate Blood Sugar

Glycemic Agents - Diabetic Drugs

GLUCO TO GO (brand for cvs glucose) - Tier 2; QL
glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL
soft glucose (generic for GLUCO TO GO) - Tier 1; QL
TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; QL
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Insulins - Diabetic Drugs	
<p>CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL REZVOGLAR KWIKPEN - Tier 2; QL</p>	
Blood Products and Modifiers	
Anticoagulants	
<p>ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL enoxaparin sodium (generic for LOVENOX) - Tier 1; QL heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml - Tier 1; QL heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml - Tier 1 heparin sodium (porcine) injection solution prefilled syringe - Tier 1; QL heparin sodium (porcine) pf - Tier 1 jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1 SAVAYSA - Tier 2; QL warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1</p>	<p>PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL PRADAXA ORAL PACKET - Tier 2; PA; QL; AL XARELTO - Tier 2; PA; QL XARELTO STARTER PACK - Tier 2; PA; QL</p>
Blood Products and Modifiers, Other	
<p>anagrelide hcl (generic for AGRYLIN) - Tier 1</p>	<p>EPOGEN - Tier 2; PA; SP; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL LEUKINE - Tier 2; PA; SP; QL MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP; QL NEULASTA ONPRO - Tier 2; PA; SP; QL <i>plerixafor (generic for MOZOBIL)</i> - Tier 1; PA; SP; QL PROMACTA ORAL TABLET - Tier 2; PA; SP; QL RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML - Tier 2; PA; SP; QL RETACRIT INJECTION SOLUTION 20000 UNIT/ML - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP; QL ZIEXTENZO - Tier 2; PA; SP	FULPHILA - Tier 2; PA; SP; QL GRANIX - Tier 2; PA; SP; QL NEUPOGEN - Tier 2; PA; SP; QL NIVESTYM - Tier 2; PA; SP; QL NYVEPRIA - Tier 2; PA; SP OXBRYTA ORAL TABLET 300 MG - Tier 2; PA; SP; QL; AL OXBRYTA ORAL TABLET 500 MG - Tier 2; PA; QL OXBRYTA ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL PROCROT - Tier 2; PA; SP; QL PROMACTA ORAL PACKET 12.5 MG - Tier 2; PA; SP; QL SIKLOS - Tier 2; PA; QL UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL
Hemostasis Agents	
<i>aminocaproic acid oral</i> - Tier 1; QL <i>tranexamic acid oral</i> - Tier 1; DX2RX; QL	
Platelet Modifying Agents	
BRILINTA - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol</i> - Tier 1; QL <i>clopidogrel bisulfate oral (generic for PLAVIX)</i> - Tier 1; QL <i>dipyridamole oral</i> - Tier 1; QL <i>prasugrel hcl (generic for EFFIENT)</i> - Tier 1; DX2RX; QL	DOPTELET - Tier 2; PA; SP; QL <i>EFFIENT (brand for prasugrel hcl)</i> - Tier 2; DX2RX; QL TAVALISSE - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA - Tier 2; PA; SP; QL	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine hcl oral - Tier 1; QL</i> <i>guanfacine hcl - Tier 1; QL</i> METHYLDOPA - Tier 2; QL <i>midodrine hcl - Tier 1; QL</i>	<i>droxidopa oral capsule 100 mg (generic for NORTHERA) - Tier 1; PA; SP; QL</i>
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral (generic for MINIPRESS) - Tier 1; QL</i>	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i> <i>captopril oral - Tier 1; QL</i> <i>enalapril maleate oral solution (generic for EPANED) - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL; AL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i> <i>ramipril (generic for ALTACE) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>trandolapril - Tier 1; QL</i></p>	
<p>Antiarrhythmics</p>	
<p><i>amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL</i> <i>disopyramide phosphate (generic for NORPACE) - Tier 1; QL</i> <i>dofetilide (generic for TIKOSYN) - Tier 1; QL</i> <i>flecainide acetate - Tier 1; QL</i> <i>mexiletine hcl oral - Tier 1; QL</i> <i>NORPACE CR - Tier 2</i> <i>propafenone hcl - Tier 1; QL</i> <i>quinidine gluconate er - Tier 1; QL</i> <i>quinidine sulfate - Tier 1; QL</i> <i>sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL</i> <i>sotalol hcl oral (generic for BETAPACE) - Tier 1; QL</i></p>	<p><i>BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL</i> <i>BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL</i> <i>MULTAQ - Tier 2; PA; QL</i> <i>PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL</i> <i>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG (brand for propafenone hcl er) - Tier 2; PA; QL</i> <i>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG (brand for propafenone hcl er) - Tier 2; PA</i> <i>TIKOSYN (brand for dofetilide) - Tier 2; PA; QL</i></p>
<p>Beta-adrenergic Blocking Agents</p>	
<p><i>acebutolol hcl oral - Tier 1; QL</i> <i>atenolol oral (generic for TENORMIN) - Tier 1; QL</i> <i>betaxolol hcl oral - Tier 1; QL</i> <i>bisoprolol fumarate oral - Tier 1; QL</i> <i>carvedilol (generic for COREG) - Tier 1; QL</i> <i>labetalol hcl oral - Tier 1; QL</i> <i>metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL</i> <i>metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL</i> <i>metoprolol tartrate oral tablet 25 mg - Tier 1; QL</i> <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1</i> <i>nadolol oral (generic for CORGARD) - Tier 1; QL</i> <i>propranolol hcl er (generic for INDERAL LA) - Tier 1; QL</i> <i>propranolol hcl oral solution 20 mg/5ml - Tier 1; QL</i> <i>propranolol hcl oral solution 40 mg/5ml - Tier 1</i> <i>propranolol hcl oral tablet - Tier 1; QL</i></p>	<p><i>HEMANGEOL - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Calcium Channel Blocking Agents, Dihydropyridines	
--	--

<p><i>amlodipine besylate oral (generic for NORVASC) - Tier 1; QL</i> <i>felodipine er - Tier 1; QL</i> <i>nifedipine er - Tier 1; QL</i> <i>nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL</i> <i>nifedipine oral - Tier 1; QL</i> <i>nimodipine oral - Tier 1; QL</i> NYMALIZE - Tier 2; QL</p>	<p>KATERZIA - Tier 2; PA; QL NORLIQVA - Tier 2; PA; QL</p>
--	---

Calcium Channel Blocking Agents, Nondihydropyridines	
---	--

<p><i>cartia xt (generic for CARTIA XT) - Tier 1; QL</i> <i>diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL</i> <i>diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL</i> <i>diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL</i> <i>diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL</i> <i>diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL</i> <i>dilt-xr - Tier 1; QL</i> <i>taztia xt (generic for TAZTIA XT) - Tier 1; QL</i> <i>tiadyt er (generic for TAZTIA XT) - Tier 1; QL</i> <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL</i> <i>verapamil hcl er oral tablet extended release - Tier 1; QL</i> <i>verapamil hcl oral - Tier 1; QL</i></p>	
---	--

Cardiovascular Agents, Other	
-------------------------------------	--

<p>ACCURETIC ORAL TABLET 10-12.5 MG - Tier 2; QL <i>acetazolamide er - Tier 1; QL</i> <i>acetazolamide oral - Tier 1; QL</i> <i>amiloride-hydrochlorothiazide - Tier 1; QL</i> <i>atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL</i></p>	<p><i>BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL</i> CORLANOR - Tier 2; PA; QL EDARBYCLOR - Tier 2; PA; QL KERENDIA - Tier 2; PA; QL <i>TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL</i></p>
--	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL</i></p> <p><i>bisoprolol-hydrochlorothiazide - Tier 1; QL</i></p> <p><i>captopril-hydrochlorothiazide - Tier 1; QL</i></p> <p><i>digoxin oral solution - Tier 1</i></p> <p><i>digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL</i></p> <p><i>enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL</i></p> <p><i>ENTRESTO - Tier 2; PA; QL</i></p> <p><i>fosinopril sodium-hctz - Tier 1; QL</i></p> <p><i>lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL</i></p> <p><i>losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL</i></p> <p><i>pentoxifylline er - Tier 1; QL</i></p> <p><i>quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL</i></p> <p><i>ranolazine er - Tier 1; QL</i></p> <p><i>spironolactone-hctz - Tier 1; QL</i></p> <p><i>triamterene-hctz (generic for MAXZIDE) - Tier 1; QL</i></p>	
Diuretics, Loop	
<p><i>bumetanide oral (generic for BUMEX) - Tier 1; QL</i></p> <p><i>furosemide oral solution 10 mg/ml - Tier 1; QL</i></p> <p><i>furosemide oral tablet (generic for LASIX) - Tier 1; QL</i></p> <p><i>SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL</i></p> <p><i>torsemide (generic for SOAANZ) - Tier 1; QL</i></p>	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
<p><i>amiloride hcl oral - Tier 1; QL</i></p> <p><i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i></p>	
Diuretics, Thiazide	
<p><i>chlorthalidone - Tier 1; QL</i></p> <p><i>DIURIL - Tier 2; QL</i></p> <p><i>hydrochlorothiazide oral capsule - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i></p>	
Dyslipidemics, Fibric Acid Derivatives	
<p><i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL</i> <i>fenofibrate oral tablet 160 mg, 54 mg - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i></p>	<p><i>FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL</i> <i>LIPOFEN (brand for fenofibrate) - Tier 2; PA</i> <i>TRICOR (brand for fenofibrate) - Tier 2; PA; QL</i> <i>TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL</i></p>
Dyslipidemics, HMG CoA Reductase Inhibitors	
<p><i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral - Tier 1; QL; AL</i> <i>pravastatin sodium - Tier 1; QL</i> <i>rosuvastatin calcium (generic for CRESTOR) - Tier 1; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i></p>	<p><i>ALTOPREV - Tier 2; PA; QL</i> <i>ATORVALIQ - Tier 2; PA; QL</i> <i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL</i> <i>LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA</i> <i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL</i> <i>LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL</i> <i>ZOCOR (brand for simvastatin) - Tier 2; PA; QL</i> <i>ZYPITAMAG - Tier 2; PA; QL</i></p>
Dyslipidemics, Other	
<p><i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered||Available for an extended day(s) supply; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin (antihyperlipidemic) (generic for NIACOR) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>niacor (generic for NIACOR) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i></p>	<p><i>LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL</i> <i>NEXLETOL - Tier 2; PA; QL</i> <i>NEXLIZET - Tier 2; PA; QL</i> <i>PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL</i> <i>VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL</i> <i>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>prevalite oral powder (generic for PREVALITE) - Tier 1; QL</i> REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL	
Vasodilators, Direct-acting Arterial	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	
Vasodilators, Direct-acting Arterial/Venous	
<i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> NITRO-BID - Tier 2; QL <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i> RECTIV - Tier 2; DX2RX; QL	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; Dx required for 18 years and older; ^; QL; AL</i> <i>CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; Dx required for 18 years and older; ^; QL; AL</i>	<i>APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; DX2RX; ^; QL; AL</i> <i>DAYTRANA (brand for methylphenidate) - Tier 2; DX2RX; ^; QL; AL</i> <i>FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; DX2RX; ^; QL; AL</i>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

dexamethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; Dx required for 18 years and older; ^; QL; AL

dexamethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; Dx required for 18 years and older; DX2RX; ^; QL; AL

guanfacine hcl er oral tablet extended release 24 hour 1 mg, 3 mg (generic for INTUNIV) - Tier 1; DX2RX; Dx required for 18 years and older; *; QL; AL

guanfacine hcl er oral tablet extended release 24 hour 2 mg, 4 mg (generic for INTUNIV) - Tier 1; DX2RX; Dx required for 18 years and older; ^; QL; AL

methylphenidate hcl er (cd) - Tier 1; DX2RX; Dx required for 18 years and older; ^; QL; AL

methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; Dx required for 18 years and older; DX2RX; ^; QL; AL

methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; Dx required for 18 years and older; DX2RX; ^; QL; AL

methylphenidate hcl er oral tablet extended release - Tier 1; Dx required for 18 years and older; DX2RX; ^; QL; AL

methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg - Tier 1; DX2RX; Mallinckrodt and Kremers Urban labelers||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; Dx required for 18 years and older; ^; QL; AL

methylphenidate hcl er oral tablet extended release 24 hour 54 mg - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Mallinckrodt and Kremers Urban labelers; Dx required for 18 years and older; ^; QL; AL

methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; Dx required for 18 years and older; ^; QL; AL

Non-Preferred Agents

INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 3 MG (brand for guanfacine hcl er) - Tier 2; DX2RX; *; QL; AL

INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (brand for guanfacine hcl er) - Tier 2; DX2RX; ^; QL; AL

JORNAY PM - Tier 2; PA; ^; QL; AL

KAPVAY (brand for clonidine hcl er) - Tier 2; DX2RX; ^; QL; AL

METHYLIN (brand for methylphenidate hcl) - Tier 2; DX2RX; ^; QL; AL

RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; ^; QL; AL

RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; ^; QL; AL

RITALIN (brand for methylphenidate hcl) - Tier 2; DX2RX; ^; QL; AL

STRATTERA (brand for atomoxetine hcl) - Tier 2; DX2RX; ^; QL; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; Dx required for 18 years and older; ^; QL; AL</i></p>	
<p>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</p>	
<p><i>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; Dx required for 18 years and older; ^; QL; AL</i> <i>amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; Dx required for 18 years and older; ^; QL; AL</i> <i>dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; Dx required for 18 years and older; ^; QL; AL</i> <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; Dx required for 18 years and older; ^; QL; AL</i> <i>lisdexamfetamine dimesylate oral capsule (generic for VYVANSE) - Tier 1; DX2RX; Dx required for 18 years and older; ST; ^; QL; AL</i> <i>VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; Dx required for 18 years and older; ST; ^; QL; AL</i></p>	<p><i>ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; DX2RX; ^; QL; AL</i> <i>AZSTARYS - Tier 2; PA; ^; QL; AL</i> <i>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE - Tier 2; DX2RX; ^; QL; AL</i> <i>DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE - Tier 2; PA; ^; QL; AL</i> <i>EVEKEO (brand for amphetamine sulfate) - Tier 2; DX2RX; ^; QL; AL</i> <i>EVEKEO ODT - Tier 2; PA; ^; QL; AL</i> <i>MYDAYIS (brand for amphet-dextroamphet 3-bead er) - Tier 2; DX2RX; ^; QL; AL</i> <i>VYVANSE ORAL TABLET CHEWABLE (brand for lisdexamfetamine dimesylate) - Tier 2; PA; ^; QL</i> <i>ZENZEDI (brand for dextroamphetamine sulfate) - Tier 2; DX2RX; ^; QL; AL</i></p>
<p>Central Nervous System, Other</p>	
<p><i>AUSTEDO - Tier 2; PA; SP; QL</i> <i>caffeine citrate oral - Tier 1; QL; AL</i> <i>INGREZZA - Tier 2; PA; SP; QL</i> <i>NUEDEXTA - Tier 2; DX2RX; QL</i> <i>riluzole (generic for RILUTEK) - Tier 1; QL</i> <i>tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>GRALISE ORAL TABLET 300 MG, 600 MG - Tier 2; PA; QL</i> <i>HORIZANT - Tier 2; PA; QL</i> <i>RADICAVA ORS - Tier 2; PA; SP; QL</i> <i>RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL</i> <i>TIGLUTIK - Tier 2; PA; QL</i> <i>XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; QL</i></p>
<p>Fibromyalgia Agents</p>	
<p><i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL</i></p>	<p><i>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL</i> <i>LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL</i></p>
<p>Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy</p>	

Preferred Agents	Non-Preferred Agents
<i>pregabalin (generic for LYRICA) - Tier 1; QL</i>	
Multiple Sclerosis Agents	
<p><i>dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i> fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL</i> <i>glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> <i>glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL <i>teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>AMPYRA (brand for dalfampridine er) - Tier 2; DX2RX; SP; QL</i> <i>AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP; QL</i> AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL <i>COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL</i> EXTAVIA - Tier 2; PA; SP; QL <i>GILENYA (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL</i> KESIMPTA - Tier 2; PA; SP; QL MAVENCLAD (10 TABS) - Tier 2; PA; SP; QL MAVENCLAD (4 TABS) - Tier 2; PA; SP; QL MAVENCLAD (5 TABS) - Tier 2; PA; SP; QL MAVENCLAD (6 TABS) - Tier 2; PA; SP; QL MAVENCLAD (7 TABS) - Tier 2; PA; SP; QL MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL <i>TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL</i> VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL</p>
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

BRONCHITOL - Tier 2; PA; QL

Dental and Oral Agents

chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL
kourzeq (generic for KOURZEQ) - Tier 1; QL
oralone (generic for KOURZEQ) - Tier 1; QL
perio gard (generic for PERIOGARD) - Tier 1; QL
pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL
pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1
triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL

Dermatological Agents

Acne and Rosacea Agents

accutane (generic for ACCUTANE) - Tier 1; PA; QL
acitretin - Tier 1; PA; QL
amnesteem (generic for ACCUTANE) - Tier 1; PA; QL
azelaic acid external (generic for FINACEA) - Tier 1; QL
claravis (generic for ACCUTANE) - Tier 1; PA; QL
DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL
tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL
zenatane (generic for ACCUTANE) - Tier 1; PA; QL

ABSORICA (brand for isotretinoin) - Tier 2; PA; QL
ABSORICA LD - Tier 2; PA; QL
ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL
ALTRENO - Tier 2; PA; QL; AL
ARAZLO - Tier 2; PA; QL
ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL
BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL
DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL
DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL
EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL
EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL
FINACEA (brand for azelaic acid) - Tier 2; PA; QL
MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL
ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
	<p>RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL</p> <p>RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL</p> <p>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</p> <p>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL; AL</p> <p>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere pump) - Tier 2; PA; QL; AL</p> <p>RHOFADE - Tier 2; PA; QL</p> <p>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL</p> <p>TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL</p> <p>VELTIN (brand for clindamycin-tretinoin) - Tier 2; PA; QL</p> <p>ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL</p>

Dermatitis and Pruitus Agents

<p>ala-cort (generic for PREPARATION H) - Tier 1; QL</p> <p>alclometasone dipropionate external ointment - Tier 1; QL</p> <p>amcinonide external ointment - Tier 1</p> <p>ammonium lactate external (generic for AL12) - Tier 1; QL</p> <p>anti-itch aloe (generic for PREPARATION H) - Tier 1; QL</p> <p>anti-itch intensive heal (generic for PREPARATION H) - Tier 1; QL</p> <p>anti-itch max str external cream 1 % (generic for PREPARATION H) - Tier 1; QL</p> <p>anti-itch maximum strength external cream 1 % (generic for PREPARATION H) - Tier 1; QL</p> <p>betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL</p> <p>betamethasone dipropionate external lotion - Tier 1</p> <p>betamethasone dipropionate external ointment - Tier 1; QL</p> <p>betamethasone valerate external cream - Tier 1; QL</p> <p>betamethasone valerate external lotion - Tier 1; QL</p> <p>betamethasone valerate external ointment - Tier 1; QL</p> <p>clobetasol prop emollient base - Tier 1; QL</p> <p>clobetasol propionate e - Tier 1; QL</p> <p>clobetasol propionate external cream - Tier 1; QL</p>	<p>BRYHALI - Tier 2; PA; QL</p> <p>CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL</p> <p>CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL</p> <p>doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL</p> <p>OLUX-E (brand for clobetasol propionate emulsion) - Tier 2; PA; QL</p>
---	---

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
cortisone maximum strength external cream (generic for PREPARATION H) - Tier 1; QL
EUCRISA - Tier 2; ST; QL
fluocinolone acetonide body (generic for DERMA-SMOOTH/FS BODY) - Tier 1; QL
fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external solution (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide scalp (generic for DERMA-SMOOTH/FS SCALP) - Tier 1; QL
fluocinonide emulsified base - Tier 1; QL
fluocinonide external cream (generic for VANOS) - Tier 1; QL
fluocinonide external solution - Tier 1; QL
fluticasone propionate external cream - Tier 1; QL
fluticasone propionate external ointment - Tier 1; QL
halobetasol propionate external cream - Tier 1; QL
hydrocortisone anti-itch (generic for PREPARATION H) - Tier 1; QL
hydrocortisone butyrate external ointment - Tier 1; QL
hydrocortisone butyrate external solution - Tier 1; QL
hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL
hydrocortisone external cream 1 % (generic for PREPARATION H) - Tier 1; QL
hydrocortisone external lotion 2.5 % - Tier 1; QL
hydrocortisone external ointment 0.5 % - Tier 1
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL
hydrocortisone external ointment 2.5 % - Tier 1; QL
hydrocortisone max st external cream (generic for PREPARATION H) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>hydrocortisone max st/12 moist (generic for PREPARATION H) - Tier 1; QL</p> <p>hydrocortisone plus 12 external cream 1 % (generic for PREPARATION H) - Tier 1; QL</p> <p>hydrocortisone plus external cream 1 % (generic for PREPARATION H) - Tier 1; QL</p> <p>hydrocortisone ultra-moisture (generic for PREPARATION H) - Tier 1; QL</p> <p>hydrocortisone/aloe (generic for PREPARATION H) - Tier 1; QL</p> <p>hydrocortisone/aloe max str (generic for PREPARATION H) - Tier 1; QL</p> <p>hydrocortisone-aloe max st external cream 1 % (generic for PREPARATION H) - Tier 1; QL</p> <p>instacort 5 - Tier 1; QL</p> <p>LAC-HYDRIN FIVE - Tier 2; QL</p> <p>mometasone furoate external - Tier 1; QL</p> <p>pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL</p> <p>PREPARATION H EXTERNAL CREAM 1 % (brand for ala-cort) - Tier 2; QL</p> <p>selenium sulfide external lotion - Tier 1; QL</p> <p>tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL</p> <p>tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL</p> <p>triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL</p> <p>triamcinolone acetonide external lotion 0.025 % - Tier 1</p> <p>triamcinolone acetonide external lotion 0.1 % - Tier 1; QL</p> <p>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL</p> <p>triderm (generic for TRIDERM) - Tier 1; QL</p>	

Dermatological Agents, Other

<p>calcipotriene external cream - Tier 1; ST; QL</p>	<p>CARAC (brand for fluorouracil) - Tier 2; PA; QL</p>
--	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL</i></p> <p><i>calcipotriene external solution - Tier 1; QL</i></p> <p><i>calcitriol external (generic for VECTICAL) - Tier 1; ST; QL</i></p> <p><i>clotrimazole-betamethasone - Tier 1; QL</i></p> <p><i>fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL</i></p> <p><i>fluorouracil external solution - Tier 1</i></p> <p><i>imiquimod external cream 5 % - Tier 1; QL</i></p> <p><i>methoxsalen rapid - Tier 1</i></p> <p><i>podofilox external - Tier 1; QL</i></p> <p><i>silver sulfadiazine external (generic for SSD) - Tier 1; QL</i></p> <p><i>ssd (generic for SSD) - Tier 1; QL</i></p>	<p>DUOBRII - Tier 2; PA; QL</p> <p>EFUDEX (brand for fluorouracil) - Tier 2; PA; QL</p> <p>ENSTILAR - Tier 2; PA; QL</p> <p>PROCTOFOAM HC - Tier 2; PA</p> <p>QBREXZA - Tier 2; PA; QL</p> <p>SORILUX - Tier 2; PA; QL</p> <p>TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL</p> <p>VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL</p> <p>ZYCLARA (brand for imiquimod) - Tier 2; PA; QL</p>

Pediculicides/Scabicides

<p>CROTAN - Tier 2; QL</p> <p><i>lice killing (generic for NIX CREME RINSE) - Tier 1</i></p> <p><i>lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1</i></p> <p><i>lice treatment external lotion 1 % - Tier 1</i></p> <p><i>malathion (generic for OVIDE) - Tier 1; QL</i></p> <p><i>permethrin external - Tier 1; QL</i></p> <p><i>spinosad (generic for NATROBA) - Tier 1; QL</i></p>	<p>SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL</p>
--	--

Topical Anti-infectives

<p><i>ciclodan (generic for CICLODAN) - Tier 1; QL</i></p> <p><i>ciclopirox external solution (generic for CICLODAN) - Tier 1; QL</i></p> <p><i>clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL</i></p> <p><i>clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL</i></p> <p><i>clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL</i></p> <p><i>clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL</i></p> <p><i>clindamycin phosphate external solution - Tier 1; QL</i></p>	<p>AMZEEQ - Tier 2; PA</p> <p>JUBLIA - Tier 2; PA; QL</p> <p>KERYDIN (brand for tavaborole) - Tier 2; PA; QL</p> <p>XEPI - Tier 2; PA; QL</p>
---	---

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL
clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL
clotrimazole external solution 1 % - Tier 1; QL
erythromycin external (generic for ERYGEL) - Tier 1; QL
gentamicin sulfate external - Tier 1; QL
ketoconazole external cream - Tier 1; QL
ketoconazole external shampoo - Tier 1; QL
mupirocin external - Tier 1; QL
nyamyc (generic for NYAMYC) - Tier 1; QL
nystatin external (generic for NYAMYC) - Tier 1; QL
nystop (generic for NYAMYC) - Tier 1; QL

Dermatological Agents - Drugs to Treat Skin Conditions	
--	--

advanced healing external ointment (generic for HYDROLATUM) - Tier 1
astringent solution (generic for DOMEBORO) - Tier 1
AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2
AVAR-E GREEN (brand for sss 10-5) - Tier 2
baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
beauty 360 pure glycerin - Tier 1
beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1
boro-packs (generic for DOMEBORO) - Tier 1
boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL
bp 10-1 - Tier 1
diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
DR SMITHS ADULT BARRIER EXTERNAL OINTMENT 10 % - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>DR SMITHS DIAPER - Tier 2; QL glycerin external - Tier 1 glycerin external liquid 99.5 % - Tier 1 hydrolatum (generic for HYDROLATUM) - Tier 1 hydrophor (generic for HYDROLATUM) - Tier 1 ointment base (generic for HYDROLATUM) - Tier 1 renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1 sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1 sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1 sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL sulfamez wash - Tier 1 SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</p>	

Dermatological Agents - Skin Agents

<p>ABREVA (brand for docosanol) - Tier 2; QL calamine external lotion , 8-8 % - Tier 1 calamine-zinc oxide external lotion - Tier 1 cerovel (generic for CEROVEL) - Tier 1; QL docosanol external (generic for ABREVA) - Tier 1; QL ft docosanol (generic for ABREVA) - Tier 1; QL gormel - Tier 1; QL gormel 10 (generic for NUTRAPLUS) - Tier 1; QL hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1 NUTRAPLUS (brand for gormel 10) - Tier 2; QL urea 20 intensive hydrating - Tier 1; QL urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; QL</p>	<p>CIBINQO - Tier 2; PA; SP; QL OPZELURA - Tier 2; PA; SP; QL ZILXI - Tier 2; PA; QL</p>
---	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>urea external cream 20 % - Tier 1; QL urea external lotion (generic for CERVEL) - Tier 1; QL ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL ureacin-20 - Tier 1; QL XERAC AC - Tier 2</p>	
DEVICES	
MEDICAL SUPPLIES	
<p>PEAK FLOW METER UNIVERSAL RANG (brand for peak flow meter universal rang) - Tier 2; QL PURE COMFORT FLOW METER ADULT (brand for peak flow meter universal rang) - Tier 2; QL PURE COMFORT FLOW METER CHILD (brand for peak flow meter universal rang) - Tier 2; QL</p>	
Diabetes - Glucose Monitoring	
<p>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL</p>	<p>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL ACCU-CHEK GUIDE KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

CHEMSTRIP 10 MD - Tier 2
 CHEMSTRIP 10/SG - Tier 2
 CHEMSTRIP 2 GP - Tier 2
 CHEMSTRIP 5 OB - Tier 2
 CHEMSTRIP 7 - Tier 2
 CHEMSTRIP 9 - Tier 2
 CHEMSTRIP K (brand for ketone test) - Tier 2; QL
 CHEMSTRIP UGK - Tier 2; QL
 DEXCOM G6 RECEIVER - Tier 2; PA; QL
 DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 DEXCOM G7 RECEIVER - Tier 2; PA; QL
 DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL
 EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL
 GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL
 FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL
 FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE 2 READER - Tier 2; PA; QL
 FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE READER - Tier 2; PA; QL
 KETO-DIASTIX - Tier 2; QL
 KETONE CARE - Tier 2; QL
 KETONE TEST (brand for ketone test) - Tier 2; QL
 KETOSTIX (brand for ketone test) - Tier 2; QL
 LANCETS (brand for cvs lancets original) - Tier 2; QL
 MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
 MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL

Non-Preferred Agents

CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL
 CONTOUR NEXT MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL
 CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
 CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
 FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL
 FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL
 GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL
 GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL
 INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL
 INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL
 ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
 ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
 PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL
 RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL
ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL
ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing||Available for an extended day(s) supply; QL
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL
ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL
ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing||Available for an extended day(s) supply; QL
PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL
PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL
TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; QL
TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; QL

Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs

Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
	ACCRUFER - Tier 2; PA; QL
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<p><i>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; QL</i> <i>DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i> <i>DENTAGEL (brand for sf) - Tier 2</i> <i>easygel - Tier 1</i> <i>fluoridex daily renewal - Tier 1</i> <i>klor-con (generic for Klor-Con) - Tier 1; QL</i> <i>klor-con 10 (generic for Klor-Con 10) - Tier 1; QL</i> <i>klor-con m10 (generic for Klor-Con M10) - Tier 1; QL</i> <i>klor-con m20 (generic for Klor-Con M20) - Tier 1; QL</i> <i>potassium chloride crys er oral tablet extended release 10 meq (generic for Klor-Con M10) - Tier 1; QL</i> <i>potassium chloride crys er oral tablet extended release 20 meq (generic for Klor-Con M20) - Tier 1; QL</i> <i>potassium chloride er oral capsule extended release 10 meq - Tier 1; QL</i> <i>potassium chloride er oral tablet extended release 10 meq (generic for Klor-Con 10) - Tier 1; QL</i> <i>potassium chloride er oral tablet extended release 20 meq (generic for K-TAB) - Tier 1; QL</i> <i>potassium chloride er oral tablet extended release 8 meq (generic for Klor-Con) - Tier 1; QL</i> <i>potassium chloride oral (generic for Klor-Con) - Tier 1; QL</i> <i>potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL</i> <i>potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1</i> <i>potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1</i> <i>PREVIDENT (brand for sf) - Tier 2</i> <i>PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2</i></p>	<p>ENDARI - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i> <i>sf (generic for DENTAGEL) - Tier 1</i> <i>sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride dental gel (generic for DENTAGEL) - Tier 1</i> <i>sodium fluoride oral solution - Tier 1; QL</i> <i>sodium fluoride oral tablet chewable - Tier 1; QL</i></p>	

Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs

<p><i>BIOLYTE (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL</i> <i>cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL</i> <i>calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL</i> <i>calcium 500/vitamin d3 - Tier 1</i> <i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL</i> <i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1</i> <i>calcium 600/vitamin d - Tier 1; QL</i> <i>calcium 600/vitamin d-3 - Tier 1; QL</i> <i>calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; QL</i> <i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; QL</i> <i>calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1</i> <i>calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1</i> <i>calcium citrate +d3 (generic for CALCITRATE) - Tier 1</i> <i>calcium citrate oral tablet 950 (200 ca) mg - Tier 1</i> <i>calcium citrate plus vit d - Tier 1; QL</i></p>	
--	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL
calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL
calcium citrate-vit d - Tier 1; QL
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL
calcium high potency/vitamin d - Tier 1; QL
calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL
calcium plus vitamin d3 - Tier 1; QL
calcium/minerals/vitamin d - Tier 1
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1
electrolyte solution (generic for BIOLYTE) - Tier 1; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL
EZFE 200 - Tier 2
ferate (generic for FERATE) - Tier 1
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL
ferocon (generic for TRICON) - Tier 1
ferosul (generic for FEROSUL) - Tier 1; QL
ferottrinsic (generic for TRICON) - Tier 1
ferretts - Tier 1
ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1
ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1
ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL
ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
 ferrous sulfate oral tablet delayed release - Tier 1; QL
 fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
 foltrin (generic for TRICON) - Tier 1
 hi cal (generic for OYSCO 500+D) - Tier 1; QL
 iferex 150 (generic for FERREX 150) - Tier 1
 iferex 150 forte (generic for IFEREX 150 FORTE) - Tier 1
 iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
 iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
 iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
 iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
 iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
 K-PHOS - Tier 2; QL
 magnesium oral tablet 500 mg - Tier 1
 magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
 magnesium oxide -mg supplement oral tablet 500 mg - Tier 1
 magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
 NU-IRON (brand for polysaccharide iron complex) - Tier 2
 OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
 oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL
 oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1
 oyster shell calcium + d3 - Tier 1
 oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL
 oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL
 oyster shell calcium/d oral tablet 250-6.25 mg-mcg - Tier 1
 oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL
 oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
 oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
 oyster shell calcium-vit d - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>ped electrolyte freeze pop (generic for BIOLYTE) - Tier 1; QL</i> <i>PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>pediatric electrolyte oral solution (generic for BIOLYTE) - Tier 1; QL</i> <i>PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL</i> <i>phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</i> <i>phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</i> <i>PHOSPHO-TRIN K500 - Tier 2; QL</i> <i>poly-iron 150 (generic for FERREX 150) - Tier 1</i> <i>poly-iron 150 forte (generic for IFEREX 150 FORTE) - Tier 1</i> <i>polysaccharide iron complex (generic for FERREX 150) - Tier 1</i> <i>polysaccharide iron forte (generic for IFEREX 150 FORTE) - Tier 1</i> <i>polysaccharide-iron complex (generic for FERREX 150) - Tier 1</i> <i>potassium citrate-citric acid - Tier 1</i> <i>REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1</i> <i>TRICON (brand for ferocon) - Tier 2</i> <i>TRUELYTE (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</i> <i>zinc gluconate oral tablet 50 mg - Tier 1; QL</i> <i>zinc oral tablet 50 mg - Tier 1; QL</i></p>	

Electrolyte/Mineral/Metal Modifiers

<p><i>CHEMET - Tier 2; QL</i> <i>deferasirox (generic for EXJADE) - Tier 1; PA; SP; QL</i> <i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i></p>	<p><i>FERRIPROX TWICE-A-DAY - Tier 2; PA; SP; QL</i> <i>JYNARQUE ORAL TABLET THERAPY PACK 15 MG - Tier 2; PA; SP; QL</i> <i>tolvaptan oral tablet 15 mg (generic for JYNARQUE) - Tier 1; PA; SP; QL</i></p>
---	---

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Phosphate Binders	
<i>calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL</i> <i>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL</i> <i>sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</i>	AURYXIA - Tier 2; PA; QL VELPHORO - Tier 2; PA; QL
Potassium Binders	
LOKELMA - Tier 2; PA; QL <i>sps - Tier 1; QL</i> VELTASSA - Tier 2; PA; QL	
Vitamins	
<i>a-25 - Tier 1; QL</i> <i>aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL</i> <i>b complex - Tier 1; QL</i> <i>b complex vitamins - Tier 1; QL</i> <i>b-complex oral tablet - Tier 1</i> <i>b-complex with b-12 - Tier 1</i> <i>b-complex/b-12 oral - Tier 1</i> <i>BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL</i> CENTRUM SPECIALIST PRENATAL - Tier 2 <i>classic prenatal - Tier 1; QL</i> COMPLETE NATAL DHA - Tier 2; QL <i>CO-NATAL FA (brand for neonatal complete) - Tier 2; QL</i> <i>d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1</i> <i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL</i> <i>d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1</i> <i>d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1</i>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3-50 (generic for D3-50) - Tier 1; QL
daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL
DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2
DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL
DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2
D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL
d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
ENFAMIL EXPECTA - Tier 2; QL
essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
FOLCYTEINE (brand for daily multiple vitamins) - Tier 2
full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL
healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
M-NATAL PLUS (brand for prenatal) - Tier 2; QL
multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multivitamin w/fluoride (generic for MULTI-VIT-FLOR) - Tier 1; QL
multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL
multivitamin/fluoride oral tablet chewable (generic for MULTI-VIT-FLOR) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

multi-vitamin/fluoride/iron - Tier 1; QL
mynephrocaps oral capsule 1 mg (generic for MYNEPHRON) - Tier 1
MYNEPHRON (brand for triphrocaps) - Tier 2
NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2
NEONATAL PLUS (brand for prenatal) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL
NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin er oral capsule extended release 500 mg - Tier 1
niacin er oral tablet extended release 1000 mg - Tier 1
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1
niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1
NIVA-PLUS (brand for prenatal) - Tier 2; QL
OBSTETRIX DHA - Tier 2; QL
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
ONE VITE WOMENS - Tier 2; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
phytonadione oral - Tier 1; QL
prenatal formula - Tier 1
prenatal formula oral tablet 28-0.8 mg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL
prenatal multi+dha - Tier 1; QL
prenatal multivitamins - Tier 1; QL
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

prenatal oral tablet 28-0.8 mg - Tier 1; QL
prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL
prenatal/iron - Tier 1; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2
QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2; QL
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
RENAL (brand for triphrocaps) - Tier 2
rena-vite (generic for DIALYVITE 800) - Tier 1; QL
SLO-NIACIN (brand for niacin er) - Tier 2
stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
STUART ONE - Tier 2
tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
THERA (brand for daily multiple vitamins) - Tier 2
thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
thiamine mononitrate oral - Tier 1; QL
THRIVITE RX - Tier 2; QL
TM-DAILY VITE (brand for daily multiple vitamins) - Tier 2
triphrocaps (generic for MYNEPHRON) - Tier 1
tri-vite pediatric - Tier 1; QL
virt-caps (generic for MYNEPHRON) - Tier 1
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut) - Tier 1; QL
vitamin b complex oral capsule - Tier 1; QL
vitamin b-1 oral tablet 100 mg - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

vitamin d oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1
 vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL
 vitamin d3 oral capsule 1000 unit, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
 vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
 vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
 vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1
 vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL
 vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL
 vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
 vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL
 vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
 vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
 vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
 vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL
 vitamin d3 oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1
 vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
 vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL
 vitamin-b complex - Tier 1
 weekly-d (generic for D3-50) - Tier 1; QL
 wescaps (generic for MYNEPHRON) - Tier 1
 WESNATAL DHA COMPLETE - Tier 2; QL
 WESTAB PLUS (brand for prenatal) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>womens prenatal+dha - Tier 1; QL</i>	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	MYFEMBREE - Tier 2; PA; QL NEXTSTELLIS - Tier 2; PA; QL
Gastrointestinal Agents	
Anti-Constipation Agents	
<i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>lactulose encephalopathy - Tier 1; QL</i> <i>lactulose oral solution - Tier 1; QL</i> <i>lubiprostone (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i> MOTEGRITY - Tier 2; ST; QL MOVANTI - Tier 2; DX2RX; ST; QL	AMITIZA (brand for lubiprostone) - Tier 2; DX2RX; ST; QL LINZESS - Tier 2; PA; QL RELISTOR - Tier 2; PA; QL SYMPROIC - Tier 2; PA; QL TRULANCE - Tier 2; DX2RX; ST; QL
Anti-Constipation AgentsOther	
	IBSRELA - Tier 2; PA; QL
Anti-Diarrheal Agents	
<i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i> <i>diamode (generic for IMODIUM A-D) - Tier 1</i> <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i> IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2 <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i> <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i>	VIBERZI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1
 MYTESI - Tier 2; DX2RX; QL

Antispasmodics, Gastrointestinal

dicyclomine hcl oral - Tier 1; QL
glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1
glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1

Gastrointestinal Agents, Other

GATTEX - Tier 2; PA; SP; QL
gavilyte-c - Tier 1; QL
gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL
 HELIDAC THERAPY - Tier 2; QL
peg 3350-kcl-na bicarb-nacl - Tier 1; QL
peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL
ursodiol oral capsule 300 mg - Tier 1; QL
ursodiol oral tablet (generic for URSO 250) - Tier 1

CLENPIQ - Tier 2; PA; QL
MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL
 OMECLAMOX-PAK - Tier 2; PA
 PLENVU - Tier 2; PA; QL
PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA
SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL
 TALICIA - Tier 2; PA; QL

Histamine2 (H2) Receptor Antagonists

acid controller oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL
famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
famotidine oral suspension reconstituted - Tier 1; QL; AL
famotidine oral tablet (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL
famotidine orig st (generic for PEPCID AC) - Tier 1; QL
ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1</i></p> <p><i>TAGAMET HB 200 (brand for cimetidine) - Tier 2</i></p>	
<p>Protectants</p>	
<p><i>misoprostol oral (generic for CYTOTEC) - Tier 1; QL</i></p> <p><i>sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA||Available for an extended day(s) supply; QL</i></p> <p><i>sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</i></p>	
<p>Proton Pump Inhibitors</p>	
<p><i>acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL</i></p> <p><i>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA||Available for an extended day(s) supply; QL; AL</i></p> <p><i>ft acid reducer oral capsule delayed release (generic for PREVACID 24HR) - Tier 1; QL</i></p> <p><i>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i></p> <p><i>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</i></p> <p><i>lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL</i></p> <p><i>NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members >= 2 years of age will require PA||Available for an extended day(s) supply; QL; AL</i></p> <p><i>omeprazole magnesium oral capsule delayed release - Tier 1; QL</i></p> <p><i>omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL</i> <i>PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL</i></p>	
<p>Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions</p>	
<p>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs</p>	
<p><i>abatinex (generic for ABATINEX) - Tier 1</i> <i>acid gone (generic for ACID GONE) - Tier 1</i> <i>acidophilus lactobacillus oral (generic for ABATINEX) - Tier 1</i> <i>acidophilus oral capsule , 10 mg (generic for ABATINEX) - Tier 1</i> <i>acidophilus probiotic oral capsule 10 mg (generic for ABATINEX) - Tier 1</i> <i>acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1</i> <i>acidophilus/l-sporogenes (generic for FLORANEX) - Tier 1</i> <i>adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL</i> <i>adult probiotic (generic for FLORA VANCE) - Tier 1; QL</i> <i>advanced antacid (generic for MINTOX) - Tier 1; QL</i> <i>almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i> <i>alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; QL</i> <i>antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL</i> <i>antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i> <i>antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i> <i>antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i> <i>antacid advanced (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

antacid advanced max st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid anti-gas (generic for MINTOX) - Tier 1; QL
antacid anti-gas ex st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid calcium (generic for CAL-GEST ANTACID) - Tier 1
antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1
antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid fast relief (generic for MINTOX) - Tier 1; QL
antacid i (generic for MINTOX) - Tier 1; QL
antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid liquid (generic for MINTOX) - Tier 1; QL
antacid m (generic for MINTOX) - Tier 1; QL
antacid maximum (generic for TUMS ULTRA 1000) - Tier 1
antacid maximum strength oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL
antacid oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1
antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid regular strength oral suspension (generic for MINTOX) - Tier 1; QL
antacid regular strength oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1
antacid supreme - Tier 1
antacid ultra strength (generic for TUMS ULTRA 1000) - Tier 1
antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid/antigas (generic for MINTOX) - Tier 1; QL
antacid/anti-gas max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL
antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid/gas relief max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-diarrheal anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1
anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1
biotinex (generic for ABATINEX) - Tier 1
bismuth (generic for SOOTHE) - Tier 1; QL
bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL
calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
 calcium antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1
 calcium carbonate antacid oral suspension - Tier 1; QL
 calcium carbonate antacid oral tablet - Tier 1
 calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1
 cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1
 chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
 childrens soothe - Tier 1
 comfort gel (generic for MINTOX) - Tier 1; QL
 comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
 diarrhea (generic for SOOTHE) - Tier 1
 diarrhea relief (generic for SOOTHE) - Tier 1
 digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
 digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
 diotame instydose (generic for SOOTHE) - Tier 1
 enema (generic for FLEET ENEMA) - Tier 1
 enema disposable (generic for FLEET ENEMA) - Tier 1
 enema ready-to-use (generic for FLEET ENEMA) - Tier 1
 enema rectal enema 16-6 gm/133ml, 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1
 FLEET ENEMA (brand for cvs enema disposable) - Tier 2
 FLEET PEDIATRIC (brand for enema pediatric) - Tier 2
 FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL
 floranex tablet oral (generic for FLORANEX) - Tier 1
 FLORANEX TABLET ORAL (brand for acidophilus/l-sporogenes) - Tier 2
 FLORASTOR (brand for cvs digestive probiotic) - Tier 2
 foaming antacid oral tablet chewable 80-20 mg - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

freeze dried acidophilus (generic for ABATINEX) - Tier 1
 ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
 ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
 ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1
 ft gas relief - Tier 1
 ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1
 ft gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
 ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
 ft milk of magnesia (generic for DULCOLAX) - Tier 1
 ft stomach relief oral suspension (generic for SOOTHE) - Tier 1
 ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; QL
 gas relief extra strength oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1
 gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1
 gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1
 gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
 gas relief infants drops oral suspension 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
 gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
 gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1
 gas relief oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1
 gas relief oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1
 gas relief oral tablet chewable 80 mg - Tier 1
 gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
 gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2
 GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2
 GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
 GAVISCON - Tier 2
 GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2
 GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2
 GELUSIL - Tier 2
 geri-lanta (generic for MINTOX) - Tier 1; QL
 geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
 geri-lanta supreme - Tier 1
 geri-mox (generic for MINTOX) - Tier 1; QL
 heartburn antacid (generic for ACID GONE) - Tier 1
 heartburn antacid ex st (generic for ACID GONE) - Tier 1
 heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1
 heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
 heartland gas relief - Tier 1
 high potency probiotic (generic for FLORA VANCE) - Tier 1; QL
 IMODIUM MULTI-SYMPTOM RELIEF (brand for eql anti-diarrheal anti-gas) - Tier 2
 infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
 infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
 intestinex (generic for ABATINEX) - Tier 1
 KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2
 lactobacillus oral tablet (generic for FLORANEX) - Tier 1
 lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
 long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
MAALOX - Tier 2
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2
MAALOX MAX ORAL SUSPENSION (brand for antacid & antigas) - Tier 2; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; QL
mag-al plus (generic for MINTOX) - Tier 1; QL
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mega probiotic (generic for FLORA VANCE) - Tier 1; QL
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
milk of magnesia (generic for DULCOLAX) - Tier 1
milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mintox plus - Tier 1
mood support probiotic (generic for FLORA VANCE) - Tier 1; QL
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2
PHAZYME (brand for cvs gas relief extra strength) - Tier 2
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink-bismuth (generic for SOOTHE) - Tier 1; QL
PROBIOMAX SERENITY (brand for acidophilus) - Tier 2
probiotic blend (generic for FLORA VANCE) - Tier 1; QL
probiotic colon care (generic for FLORA VANCE) - Tier 1; QL
probiotic complex (generic for FLORA VANCE) - Tier 1; QL
probiotic extra strength (generic for ABATINEX) - Tier 1
probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1
REPHRESH PRO-B (brand for acidophilus) - Tier 2
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
REVITAFLO (brand for acidophilus) - Tier 2
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
sodium bicarbonate oral tablet - Tier 1
soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
soothe oral suspension (generic for SOOTHE) - Tier 1
soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL
stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1
stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2
TUMS (brand for antacid) - Tier 2
TUMS CHEWY BITES (brand for antacid) - Tier 2
TUMS E-X 750 (brand for antacid) - Tier 2
TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2
TUMS LASTING EFFECTS (brand for antacid) - Tier 2
TUMS SMOOTHIES (brand for antacid) - Tier 2
TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2
ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Laxatives - Bowel Treatment Drugs

clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
enema mineral oil (generic for FLEET OIL) - Tier 1
EVAC (brand for cvs natural fiber supplement) - Tier 2
fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
fiber oral powder 48.57 % (generic for REGULOID) - Tier 1
fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
FLEET OIL (brand for cvs mineral oil enema) - Tier 2
ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
ft mineral oil - Tier 1
gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
konsyl daily fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
mineral oil enema (generic for FLEET OIL) - Tier 1
mineral oil heavy oral - Tier 1
mineral oil oral oil - Tier 1
mineral oil rectal enema (generic for FLEET OIL) - Tier 1
MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
natural daily fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber supplement (generic for EVAC) - Tier 1
natural vegetable (generic for HYDROCIL) - Tier 1
natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
psyldex - Tier 1
purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
sorbitol oral - Tier 1

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2
citroma (generic for CITROMA) - Tier 1
CITRUCCEL (brand for cvs soluble fiber therapy) - Tier 2
COLACE (brand for cvs stool softener) - Tier 2; QL
col-rite oral capsule 250 mg - Tier 1; QL
docusate calcium (generic for SURFAK) - Tier 1
docusate mini (generic for DOCUSOL MINI) - Tier 1; QL
docusate sodium oral capsule (generic for COLACE) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

docosate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; QL
docosate sodium oral syrup - Tier 1
DOCUSOL MINI (brand for docosate mini) - Tier 2; QL
docuzen (generic for SENEXON-S) - Tier 1
dss (generic for COLACE) - Tier 1; QL
easy-lax plus (generic for SENEXON-S) - Tier 1
ENEMEEZ MINI (brand for docosate mini) - Tier 2; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
fiber laxative + calcium (generic for FIBERCON) - Tier 1
fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1
FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2
ft fiber laxative (generic for CITRUCCEL) - Tier 1
ft magnesium citrate (generic for CITROMA) - Tier 1
ft senna laxatives (generic for SENOKOT) - Tier 1; QL
ft senna-s (generic for SENEXON-S) - Tier 1
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL
ft stool softener oral tablet 50-8.6 mg (generic for SENEXON-S) - Tier 1
geri-kot (generic for SENOKOT) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (infants & children) rectal suppository 1 gm - Tier 1
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1
glycerin childrens - Tier 1
glycerin pediatric rectal suppository 1.2 gm - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

laxacin (generic for SENEXON-S) - Tier 1
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative regular strength (generic for SENNA SMOOTH) - Tier 1
magnesium citrate oral solution (generic for CITROMA) - Tier 1
mm stool softener laxative (generic for COLACE) - Tier 1; QL
natural senna laxative (generic for SENOKOT) - Tier 1; QL
natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; QL
ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2; QL
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2
ONELAX SENNA (brand for senna) - Tier 2
p col-rite (generic for SENEXON-S) - Tier 1
PEDIA-LAX ORAL LIQUID - Tier 2
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2
sb docusate sodium/senna (generic for SENEXON-S) - Tier 1
senexon-s (generic for SENEXON-S) - Tier 1
senna lax (generic for SENOKOT) - Tier 1; QL
senna laxative (generic for SENOKOT) - Tier 1; QL
senna oral liquid (generic for ONELAX SENNA) - Tier 1
senna oral syrup (generic for ONELAX SENNA) - Tier 1
senna oral tablet (generic for SENOKOT) - Tier 1; QL
senna plus oral tablet (generic for SENEXON-S) - Tier 1
senna s (generic for SENEXON-S) - Tier 1
senna smooth (generic for SENNA SMOOTH) - Tier 1
senna-docusate sodium (generic for SENEXON-S) - Tier 1
senna-lax (generic for SENOKOT) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

senna-plus (generic for SENEXON-S) - Tier 1
senna-s (generic for SENEXON-S) - Tier 1
senna-tabs (generic for SENOKOT) - Tier 1; QL
senna-time (generic for SENOKOT) - Tier 1; QL
senna-time s (generic for SENEXON-S) - Tier 1
sennazon (generic for ONELAX SENNA) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2; QL
SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy (generic for CITRUCEL) - Tier 1
stimulant laxative oral tablet 8.6-50 mg (generic for SENEXON-S) - Tier 1
stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1
stool softener oral capsule 250 mg - Tier 1; QL
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1
stool softener pls laxative (generic for SENEXON-S) - Tier 1
stool softener plus laxative (generic for SENEXON-S) - Tier 1
stool softener/laxative (generic for SENEXON-S) - Tier 1
stool softener/laxative oral tablet (generic for SENEXON-S) - Tier 1
vegetable lax+stool softener (generic for SENEXON-S) - Tier 1
vegetable laxative (generic for SENOKOT) - Tier 1; QL

betaine (generic for CYSTADANE) - Tier 1; PA; SP; QL
CERDELGA - Tier 2; PA; SP; QL
ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL
PERTZYE - Tier 2; PA
VIKACE - Tier 2; PA
ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL
ZENPEP - Tier 2; PA

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

CHOLBAM - Tier 2; PA; SP; QL
 CREON - Tier 2
 CYSTAGON - Tier 2; SP; QL
 NITYR - Tier 2; DX2RX; SP; QL
 RAVICTI - Tier 2; PA; SP; QL
sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL
sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL

betaine (generic for CYSTADANE) - Tier 1; PA; SP; QL
CERDELGA - Tier 2; PA; SP; QL
ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL
PERTZYE - Tier 2; PA
VIKACE - Tier 2; PA
ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL
ZENPEP - Tier 2; PA

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
STRENSIQ - Tier 2; PA; SP; QL TEGSEDI - Tier 2; PA; SP; QL VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL	
Genitourinary Agents	
Antispasmodics, Urinary	
<i>oxybutynin chloride er</i> - Tier 1; QL <i>oxybutynin chloride oral tablet 5 mg</i> - Tier 1; QL OXYTROL FOR WOMEN - Tier 2; QL <i>tolterodine tartrate (generic for DETROL)</i> - Tier 1; ST; QL <i>tropium chloride</i> - Tier 1; ST; QL	<i>DETROL (brand for tolterodine tartrate)</i> - Tier 2; PA; ST; QL <i>DETROL LA (brand for tolterodine tartrate er)</i> - Tier 2; PA; QL MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA; QL <i>TOVIAZ (brand for fesoterodine fumarate er)</i> - Tier 2; PA; QL <i>VESICARE (brand for solifenacin succinate)</i> - Tier 2; PA; QL
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er (generic for UROXATRAL)</i> - Tier 1; QL <i>finasteride oral tablet 5 mg (generic for PROSCAR)</i> - Tier 1; QL <i>tamsulosin hcl (generic for FLOMAX)</i> - Tier 1; QL <i>terazosin hcl</i> - Tier 1; QL	
Genitourinary Agents, Other	
<i>bethanechol chloride oral</i> - Tier 1 ELMIRON - Tier 2; DX2RX; QL <i>penicillamine oral tablet (generic for DEPEN TITRATABS)</i> - Tier 1; DX2RX; SP; QL	<i>CUPRIMINE (brand for penicillamine)</i> - Tier 2; PA; SP; QL <i>DEPEN TITRATABS (brand for penicillamine)</i> - Tier 2; DX2RX; SP; QL <i>THIOLA (brand for tiopronin)</i> - Tier 2; PA; SP; QL THIOLA EC - Tier 2; PA; SP; QL
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs

azo (generic for PHENAZO) - Tier 1
phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL
phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1
phenazopyridine hcl oral (generic for PHENAZO) - Tier 1; QL
PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL
urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1

Glycemic Agents - Diabetic Drugs

Blood Glucose Regulators - Drugs to Regulate Blood Sugar

ZEGALOGUE - Tier 2; QL

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

dexamethasone intensol - Tier 1
dexamethasone oral elixir - Tier 1; QL
dexamethasone oral solution - Tier 1; QL
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1
dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL
fludrocortisone acetate oral - Tier 1; QL
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL
 MEDROL ORAL TABLET 2 MG - Tier 2
methylprednisolone oral (generic for MEDROL) - Tier 1; QL
prednisolone oral solution - Tier 1; QL
prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL
prednisone oral solution - Tier 1; QL
prednisone oral tablet - Tier 1; QL
prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL

ACTHAR - Tier 2; PA; SP; QL
 CORTROPHIN - Tier 2; PA; SP; QL
 EMFLAZA ORAL SUSPENSION - Tier 2; PA; SP; QL
 TAPERDEX 12-DAY - Tier 2; PA; QL
 TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2; PA
 TAPERDEX 7-DAY - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX</i> <i>desmopressin ace spray refrig - Tier 1; QL</i> <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i> <i>desmopressin acetate spray - Tier 1; QL</i> EGRIFTA SV - Tier 2; DX2RX; SP; QL INCRELEX - Tier 2; PA; SP; QL NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPRO - Tier 2; PA; SP; QL <i>NOVAREL (brand for chorionic gonadotropin) - Tier 2; DX2RX</i> NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP; QL <i>PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX</i>	GENOTROPIN - Tier 2; PA; SP; QL GENOTROPIN MINIQUEICK - Tier 2; PA; SP; QL HUMATROPE - Tier 2; PA; SP; QL OMNITROPE - Tier 2; PA; SP; QL SAIZEN - Tier 2; PA; SP; QL ZOMACTON - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
OVIDREL - Tier 2; DX2RX	SKYTROFA SUBCUTANEOUS CARTRIDGE 4.3 MG - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
KORLYM - Tier 2; PA; SP; QL <i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p><i>danazol oral - Tier 1; QL</i> <i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL</i> <i>testosterone enanthate intramuscular - Tier 1; QL</i> <i>testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 25 mg/2.5gm (1%) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL</i></p>	<p>ANDRODERM - Tier 2; PA; QL FORTESTA (brand for testosterone) - Tier 2; PA NATESTO - Tier 2; PA; QL TESTIM (brand for testosterone) - Tier 2; PA; QL VOGELXO (brand for testosterone) - Tier 2; PA; QL XYOSTED - Tier 2; PA; QL</p>
Estrogens	
<p><i>afirmelle (generic for AFIRMELLE) - Tier 1; QL; GE</i> <i>ALORA (brand for estradiol) - Tier 2; QL</i> <i>altavera (generic for ALTAVERA) - Tier 1; QL; GE</i> <i>alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE</i> <i>alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE</i> <i>amethia (generic for AMETHIA) - Tier 1; QL</i> <i>apri - Tier 1; QL; GE</i> <i>aranelle - Tier 1; QL; GE</i> <i>ashlyna (generic for AMETHIA) - Tier 1; QL</i> <i>aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE</i> <i>aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE</i> <i>aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE</i> <i>aurovela 24 fe - Tier 1; QL</i> <i>aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE</i> <i>aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE</i> <i>aviane (generic for AFIRMELLE) - Tier 1; QL; GE</i> <i>ayuna (generic for ALTAVERA) - Tier 1; QL; GE</i> <i>azurette (generic for AZURETTE) - Tier 1; QL; GE</i></p>	<p>ACTIVEVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL ANGELIQ - Tier 2; PA ANNOVERA - Tier 2; PA; QL BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL CLIMARA (brand for estradiol) - Tier 2; PA; QL CLIMARA PRO - Tier 2; PA COMBIPATCH - Tier 2; PA; QL DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM (brand for estradiol) - Tier 2; PA ELESTRIN - Tier 2; PA ESTRACE (brand for estradiol) - Tier 2; PA; QL estradiol transdermal gel 0.25 mg/0.25gm, 0.75 mg/0.75gm, 1.25 mg/1.25gm (generic for DIVIGEL) - Tier 1; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

balziva (generic for BALZIVA) - Tier 1; QL; GE
blisovi 24 fe - Tier 1; QL
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
briellyn (generic for BALZIVA) - Tier 1; QL; GE
camrese (generic for AMETHIA) - Tier 1; QL
camrese lo (generic for CAMRESE LO) - Tier 1; QL
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
chateal eq (generic for ALTAVERA) - Tier 1; QL; GE
cryselle-28 - Tier 1; QL; GE
cyred eq - Tier 1; QL; GE
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
daysee (generic for AMETHIA) - Tier 1; QL
delyla (generic for AFIRMELLE) - Tier 1; QL; GE
DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)
(generic for AZURETTE) - Tier 1; QL; GE
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL
DUAVEE - Tier 2; QL
elimest - Tier 1; QL; GE
eluryng (generic for ELURYNG) - Tier 1; QL; GE
enilloring (generic for ELURYNG) - Tier 1; QL; GE
enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL; GE
enskyce - Tier 1; QL; GE
estarylla (generic for ESTARYLLA) - Tier 1; QL; GE
estradiol oral (generic for ESTRACE) - Tier 1; QL
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1;
QL
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL
estradiol vaginal (generic for ESTRACE) - Tier 1; QL
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL; GE
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; GE
falmina (generic for AFIRMELLE) - Tier 1; QL; GE

Non-Preferred Agents

estradiol transdermal gel 0.5 mg/0.5gm, 1 mg/gm (generic for DIVIGEL) -
Tier 1; PA
EVAMIST - Tier 2; PA
FEMRING - Tier 2; PA; QL
fyavolv oral tablet 0.5-2.5 mg-mcg - Tier 1; PA
fyavolv oral tablet 1-5 mg-mcg - Tier 1; PA; QL
jinteli - Tier 1; PA; QL
LO LOESTRIN FE - Tier 2; PA; QL
MENEST - Tier 2; PA; QL
mimvey - Tier 1; PA; QL
MINIVELLE (brand for estradiol) - Tier 2; PA; QL
NATAZIA - Tier 2; PA; QL
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE
PREMARIN VAGINAL - Tier 2; PA; QL
SAFYRAL (brand for drospirenone-eth estrad-levomefol) - Tier 2; PA; QL
VAGIFEM (brand for estradiol) - Tier 2; PA; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL
YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL
YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
hailey 24 fe - Tier 1; QL
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
haloette (generic for ELURYNG) - Tier 1; QL; GE
iclevia (generic for ICLEVIA) - Tier 1; QL
introvale (generic for ICLEVIA) - Tier 1; QL
isibloom - Tier 1; QL; GE
jaimiess (generic for AMETHIA) - Tier 1; QL
jasmiel (generic for JASMIEL) - Tier 1; QL
jolessa (generic for ICLEVIA) - Tier 1; QL
juleber - Tier 1; QL; GE
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
junel fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
junel fe oral tablet 1-20 mg-mcg (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
junel fe oral tablet 1-20 mg-mcg(24) - Tier 1; QL
kalliga - Tier 1; QL; GE
kariva (generic for AZURETTE) - Tier 1; QL; GE
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE
kurvelo (generic for ALTAVERA) - Tier 1; QL; GE
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
larin 24 fe - Tier 1; QL
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
leena - Tier 1; QL; GE
lessina (generic for AFIRMELLE) - Tier 1; QL; GE
levonest (generic for ENPRESSE-28) - Tier 1; QL; GE
levonorgest-eth estrad 91-day (generic for AMETHIA) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; GE
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; GE
lojaimiess (generic for CAMRESE LO) - Tier 1; QL
loryna (generic for JASMIEL) - Tier 1; QL
low-ogestrel - Tier 1; QL; GE
lo-zumandimine (generic for JASMIEL) - Tier 1; QL
lutera (generic for AFIRMELLE) - Tier 1; QL; GE
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL; GE
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
microgestin 24 fe - Tier 1; QL
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
mili (generic for ESTARYLLA) - Tier 1; QL; GE
mono-linyah (generic for ESTARYLLA) - Tier 1; QL; GE
necon 0.5/35 (28) - Tier 1; QL; GE
nikki (generic for JASMIEL) - Tier 1; QL
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; QL; GE
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; QL
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; QL; GE

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
nortrel 0.5/35 (28) - Tier 1; QL; GE
nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; QL; GE
nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; QL; GE
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
nylia 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
nymyo (generic for ESTARYLLA) - Tier 1; QL; GE
ocella (generic for OCELLA) - Tier 1; QL
philith (generic for BALZIVA) - Tier 1; QL; GE
pimtrea (generic for AZURETTE) - Tier 1; QL; GE
portia-28 (generic for ALTAVERA) - Tier 1; QL; GE
 PREMARIN ORAL - Tier 2; QL
 PREMPHASE - Tier 2; QL
 PREMPRO - Tier 2; QL
reclipsen - Tier 1; QL; GE
setlakin (generic for ICLEVIA) - Tier 1; QL
simliya (generic for AZURETTE) - Tier 1; QL; GE
simpesse (generic for AMETHIA) - Tier 1; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE
sronyx (generic for AFIRMELLE) - Tier 1; QL; GE
syeda (generic for OCELLA) - Tier 1; QL
tarina 24 fe - Tier 1; QL
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
tilia fe (generic for TILIA FE) - Tier 1; QL; GE
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-legest fe (generic for TILIA FE) - Tier 1; QL; GE
tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-nymyo (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
trivora (28) (generic for ENPRESSE-28) - Tier 1; QL; GE

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p> <i>tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL; GE</i> <i>tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE</i> <i>turqoz - Tier 1; QL; GE</i> <i>tyblume - Tier 1; QL; GE</i> <i>velivet - Tier 1; QL</i> <i>vestura (generic for JASMIEL) - Tier 1; QL</i> <i>vienva (generic for AFIRMELLE) - Tier 1; QL; GE</i> <i>viorele (generic for AZURETTE) - Tier 1; QL; GE</i> <i>volnea (generic for AZURETTE) - Tier 1; QL; GE</i> <i>vyfemla (generic for BALZIVA) - Tier 1; QL; GE</i> <i>vylibra (generic for ESTARYLLA) - Tier 1; QL; GE</i> <i>wera - Tier 1; QL; GE</i> <i>wymzya fe (generic for WYMZYA FE) - Tier 1; QL</i> <i>xulane - Tier 1; QL; GE</i> <i>yuvaferm (generic for YUVAFERM) - Tier 1; QL</i> <i>zafemy - Tier 1; QL; GE</i> <i>zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; GE</i> <i>zumandimine (generic for OCELLA) - Tier 1; QL</i> </p>	
<p>Progestins</p>	
<p> <i>camila (generic for CAMILA) - Tier 1; QL; GE</i> <i>deblitane (generic for CAMILA) - Tier 1; QL; GE</i> ELLA - Tier 2; QL <i>errin (generic for CAMILA) - Tier 1; QL; GE</i> <i>heather (generic for CAMILA) - Tier 1; QL; GE</i> <i>incassia (generic for CAMILA) - Tier 1; QL; GE</i> <i>jencycla (generic for CAMILA) - Tier 1; QL; GE</i> <i>lyleq (generic for CAMILA) - Tier 1; QL; GE</i> <i>lyza (generic for CAMILA) - Tier 1; QL; GE</i> <i>medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; GE</i> <i>medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL</i> <i>megestrol acetate oral suspension 40 mg/ml - Tier 1; QL</i> <i>megestrol acetate oral tablet 20 mg - Tier 1</i> </p>	<p>DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>megestrol acetate oral tablet 40 mg - Tier 1; QL</i> <i>nora-be (generic for CAMILA) - Tier 1; QL; GE</i> <i>norethindrone acetate oral - Tier 1; QL</i> <i>norethindrone oral (generic for CAMILA) - Tier 1; QL; GE</i> <i>norlyroc (generic for CAMILA) - Tier 1; QL; GE</i> <i>progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL</i> <i>sharobel (generic for CAMILA) - Tier 1; QL; GE</i></p>	
<p>Selective Estrogen Receptor Modifying Agents</p>	
<p><i>raloxifene hcl (generic for EVISTA) - Tier 1; QL</i></p>	<p><i>EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL</i> <i>OSPHENA - Tier 2; PA; QL; GE</i></p>
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</p>	
<p>Progestins - Hormone Replacement/Modifying Drugs</p>	
<p><i>aftera (generic for AFTERA) - Tier 1; QL; GE</i> <i>curae (generic for AFTERA) - Tier 1; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>her style (generic for AFTERA) - Tier 1; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; QL; GE</i> <i>my choice (generic for AFTERA) - Tier 1; QL; GE</i> <i>my way (generic for AFTERA) - Tier 1; QL; GE</i> <i>new day (generic for AFTERA) - Tier 1; QL; GE</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>option 2 (generic for AFTERA) - Tier 1; QL; GE</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE</i> <i>react (generic for AFTERA) - Tier 1; QL; GE</i> <i>take action (generic for AFTERA) - Tier 1; QL; GE</i></p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</p>	
<p><i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i></p>	<p><i>ERMEZA - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL TIROSINT-SOL - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i>
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline - Tier 1; QL</i> <i>leuprolide acetate injection - Tier 1; PA; SP; QL</i> LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL <i>octreotide acetate (generic for SANDOSTATIN) - Tier 1; SP; QL</i> ORLISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole oral - Tier 1; QL</i> <i>propylthiouracil oral - Tier 1; QL</i>	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for SAJAZIR) - Tier 1; PA; SP; QL</i> RUCONEST - Tier 2; PA; SP; QL <i>sajazir (generic for SAJAZIR) - Tier 1; PA; SP; QL</i>	BERINERT - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL
Immunological Agents, Other	
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL ILARIS - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL DUPIXENT - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP OTEZLA - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP; QL XOLAIR - Tier 2; PA; SP; QL	RINVOQ - Tier 2; PA; SP; QL SILIQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL TALTZ - Tier 2; PA; SP; QL TREMFYA - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL

Immunostimulants

ACTIMMUNE - Tier 2; PA; SP; QL PEGASYS - Tier 2; PA; SP; QL	
--	--

Immunosuppressants

<i>azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL</i> <i>CIMZIA VIAL KIT - Tier 2; PA; SP; QL</i> <i>CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML - Tier 2; PA; SP; QL</i> <i>cyclosporine modified (generic for GENGRAF) - Tier 1; QL</i> <i>cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL</i> ENBREL - Tier 2; PA; SP; QL <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1</i> <i>gengraf oral capsule (generic for GENGRAF) - Tier 1; QL</i> <i>leflunomide oral (generic for ARAVA) - Tier 1; QL</i> <i>methotrexate sodium - Tier 1</i> <i>methotrexate sodium (pf) - Tier 1</i> <i>mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL</i> <i>mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL</i> <i>sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL</i> <i>sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL</i>	ENSPRYNG - Tier 2; PA; SP; QL HUMIRA PEN-PEDIATRIC UC START - Tier 2; PA; SP; QL HUMIRA PEN-PSOR/UEVIT STARTER - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML - Tier 2; PA; SP; QL OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL SIMPONI - Tier 2; PA; SP; QL TREXALL - Tier 2; PA
--	---

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1</i> <i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1</i> <i>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL</i>	
Vaccines	
ACTHIB - Tier 2; QL ADACEL - Tier 2; QL BEXSERO - Tier 2; QL BOOSTRIX - Tier 2; QL DAPTACEL - Tier 2; QL ENGERIX-B - Tier 2; QL GARDASIL 9 - Tier 2; QL HAVRIX - Tier 2; QL HIBERIX - Tier 2; QL INFANRIX - Tier 2; QL IPOL - Tier 2; QL MENACTRA - Tier 2; QL MENQUADFI - Tier 2; QL MENVEO - Tier 2; QL M-M-R II - Tier 2; QL PEDIARIX - Tier 2; QL PEDVAX HIB - Tier 2; QL PENTACEL - Tier 2; QL PREHEVBRIO - Tier 2; QL PRIORIX - Tier 2; QL PROQUAD - Tier 2; QL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL RECOMBIVAX HB - Tier 2; QL ROTARIX - Tier 2; AL ROTATEQ - Tier 2; QL SHINGRIX - Tier 2; QL; AL <i>TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL</i> TENIVAC - Tier 2; QL	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TRUMENBA - Tier 2; QL
 TWINRIX - Tier 2; QL
 VAQTA - Tier 2; QL
 VARIVAX - Tier 2; QL
 VAXNEUVANCE - Tier 2; QL

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

Vaccines

AFLURIA QUADRIVALENT - Tier 2; QL
 DENG VAXIA - Tier 2; QL
 FLUAD QUADRIVALENT - Tier 2; QL
 FLUARIX QUADRIVALENT - Tier 2; QL
 FLUBLOK QUADRIVALENT - Tier 2; QL
 FLUCELVAX QUADRIVALENT - Tier 2; QL
 FLULAVAL QUADRIVALENT - Tier 2; QL
 FLUMIST QUADRIVALENT - Tier 2; QL
 FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; QL
 FLUZONE QUADRIVALENT - Tier 2; QL
 HEPLISAV-B - Tier 2; QL; AL
 HYPERTET - Tier 2; QL
 NOVAVAX COVID-19 VACCINE - Tier 2; QL
 PNEUMOVAX 23 - Tier 2; QL
 PREVNAR 13 - Tier 2; QL
 PREVNAR 20 - Tier 2; QL

Inflammatory Bowel Disease Agents

Aminosalicylates

balsalazide disodium (generic for COLAZAL) - Tier 1; QL

APRISO (brand for mesalamine er) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - Tier 1; QL</p> <p>mesalamine rectal (generic for CANASA) - Tier 1; QL</p> <p>SFROWASA - Tier 2; QL</p> <p>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</p>	<p>CANASA (brand for mesalamine) - Tier 2; PA; QL</p> <p>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</p> <p>DELZICOL (brand for mesalamine) - Tier 2; PA; QL</p> <p>DIPENTUM - Tier 2; PA; QL</p> <p>LIALDA (brand for mesalamine) - Tier 2; PA; QL</p> <p>PENTASA (brand for mesalamine er) - Tier 2; PA; QL</p>
Glucocorticoids	
<p>budesonide oral - Tier 1; DX2RX; QL</p> <p>hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL</p> <p>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</p> <p>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</p> <p>proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL</p> <p>proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL</p>	<p>CORTIFOAM - Tier 2; PA; QL</p> <p>UCERIS (brand for budesonide) - Tier 2; PA; QL</p>
Metabolic Bone Disease Agents	
<p>alendronate sodium oral solution - Tier 1; QL</p> <p>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</p> <p>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</p> <p>calcitonin (salmon) nasal - Tier 1; QL</p> <p>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</p> <p>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; AL</p> <p>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</p> <p>TYMLOS - Tier 2; PA; SP; QL</p>	<p>ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA</p> <p>ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; QL</p> <p>ATELVIA (brand for risedronate sodium) - Tier 2; PA</p> <p>FORTEO (brand for teriparatide (recombinant)) - Tier 2; PA; SP; QL</p> <p>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</p> <p>FOSAMAX PLUS D - Tier 2; PA; QL</p> <p>RAYALDEE - Tier 2; PA; QL</p> <p>TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</p>
Miscellaneous Therapeutic Agents	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

ABRYSVO - Tier 2; QL
acne control cleanser (generic for CLEARSKIN) - Tier 1
acne medication 10 external lotion - Tier 1; QL
acne medication 5 external lotion - Tier 1
acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1
adv acne spot treatment (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1
advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
 ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL
 ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL
antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL
antifungal tolinaftate (generic for TINACTIN) - Tier 1; QL
 AREXVY - Tier 2; QL
arthritis pain relieving - Tier 1; QL
aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL
aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
 ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for adult aspirin regimen) - Tier 2; QL

Non-Preferred Agents

AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML
 SUBCUTANEOUS - Tier 2; PA; NDC(s) starting w/72511 Preferred w/PA; SP; QL
 AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL
 ARMONAIR DIGIHALER - Tier 2; PA; QL
 AUVELITY - Tier 2; PA; *, QL
 BD ULTRA-FINE INSULIN SYRINGES (brand for careone insulin syringe) - Tier 2; PA; QL
 BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL
 BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL
 BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL
 BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL
 BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL
 EMPAVELI - Tier 2; PA; SP; QL
 GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL
 GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL
 HYFTOR - Tier 2; PA; QL
 INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL
 INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL
 INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL
 INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL
 INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>aspirin rectal suppository 300 mg - Tier 1</p> <p>aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</p> <p>athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1</p> <p>athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</p> <p>athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1</p> <p>athletes foot relief (generic for TINACTIN) - Tier 1</p> <p>bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL</p> <p>bacitracin zinc external - Tier 1; QL</p> <p>bacitracin zinc first aid - Tier 1; QL</p> <p>bacitracin zinc-aloe - Tier 1; QL</p> <p>BAYER ASPIRIN ORAL TABLET (brand for aspirin) - Tier 2; QL</p> <p>BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL</p> <p>BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</p> <p>BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL</p> <p>BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (brand for 1st tier unifine pentips) - Tier 2; QL</p> <p>BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL</p> <p>BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL</p> <p>bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL</p> <p>bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1</p> <p>BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL</p> <p>calamine external lotion - Tier 1</p> <p>CALQUENCE - Tier 2; PA; SP; QL</p>	<p>INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</p> <p>INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL</p> <p>OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL</p> <p>OMNIPOD 5 G6 POD (GEN 5) - Tier 2; PA; QL</p> <p>ORLADEYO - Tier 2; PA; SP; QL</p> <p>PREZISTA ORAL TABLET 600 MG, 800 MG (brand for darunavir) - Tier 2; PA; QL</p> <p>QUVIVIQ - Tier 2; PA; QL</p> <p>RELYVRIO - Tier 2; PA; SP; QL</p> <p>RYALTRIS - Tier 2; PA; QL; AL</p> <p>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL</p> <p>SOTYKTU - Tier 2; PA; SP; QL</p> <p>STIMUFEND - Tier 2; PA; SP</p> <p>VIVJOA - Tier 2; PA; QL</p> <p>VTAMA - Tier 2; PA; QL</p> <p>WINLEVI - Tier 2; PA; QL</p> <p>YONSA - Tier 2; PA; SP; QL</p> <p>ZORYVE - Tier 2; PA; QL; AL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; QL
capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL
CAPZASIN-HP (brand for capsaicin) - Tier 2; QL
capzix (generic for CAPZASIN-HP) - Tier 1; QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL
CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL
clearskin (generic for CLEARSKIN) - Tier 1
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
COMIRNATY - Tier 2; QL
CONDOMS - Tier 2; QL
COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL
COOL MIST HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL
corn & callus remover (generic for COMPOUND W) - Tier 1
corn and callus remover (generic for COMPOUND W) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL
 COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; AL
 COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL
 COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
 daily acne wash (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1
 darunavir (generic for PREZISTA) - Tier 1; QL
 DERMELEVE ADVANCED FORMULA - Tier 2
 DERMELEVE ANTI-ITCH SCALP (brand for aluminum acetate) - Tier 2
 DEXCOM G6 TRANSMITTER - Tier 2; PA; QL
 DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
 double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1
 DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL
 DUREX EXTRA SENSITIVE THIN (brand for aimsco lubricated) - Tier 2; QL
 EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL
 EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL
 EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL
 EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL
 ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
 enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
 EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL
 fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL
 FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

FLEET BISACODYL - Tier 2; QL
 FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
 folic acid oral tablet 1 mg - Tier 1; QL
 folic acid oral tablet 400 mcg, 800 mcg - Tier 1
 foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
 FORMULA 3 THE TREATMENT (brand for tinaspore) - Tier 2; QL
 FORMULA 7 THE SOLUTION (brand for tinaspore) - Tier 2; QL
 ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL
 ft aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
 ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
 ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
 ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL
 ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL
 fungi-guard (generic for TINACTIN) - Tier 1; QL
 gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
 gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL
 genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
 HADLIMA - Tier 2; PA; SP; QL
 HADLIMA PUSH TOUCH - Tier 2; PA; SP; QL
 h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
 hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
 hydromet (generic for HYCODAN) - Tier 1; QL; AL
 hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL
 hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
 hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL
 hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
 hysyne - Tier 1; QL
 IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
 INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
 INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

INSPIREASE RESERVOIR BAGS - Tier 2; QL
 INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
 jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
 jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
 laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
 laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL
 LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL
 liquid corn & callus rem (generic for COMPOUND W) - Tier 1
 liquid wart remover max st (generic for COMPOUND W) - Tier 1
 magnesium oxide (antacid) oral tablet 400 mg - Tier 1
 magnesium oxide oral tablet 400 mg - Tier 1
 magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
 MAOX (brand for magnesium oxide) - Tier 2
 MASK VORTEX/CHILD/FROG - Tier 2; QL
 MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL
 medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
 medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
 medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
 MICOMITIN (brand for tinaspore) - Tier 2; QL
 mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
 MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL
 MOUNJARO - Tier 2; PA; QL
 MYCOZYL AL (brand for tinaspore) - Tier 2; QL
 NEODOT THERMOMETER - Tier 2; QL
 NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2
 NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
 OMNIFLEX DIAPHRAGM - Tier 2; QL; GE
 ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL; AL
 ONELAX (brand for bisacodyl) - Tier 2; QL
 OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2
 OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2
 PANOXYL (brand for bp wash) - Tier 2
 PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL
 PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL
 PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; AL
 poly bacitracin (generic for POLYSPORIN) - Tier 1
 POLYSPORIN (brand for cvs poly bacitracin) - Tier 2
 PREZISTA ORAL SUSPENSION - Tier 2; QL
 PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL
 QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL
 scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1
 sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1
 SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2; AL
 SPIKEVAX - Tier 2; QL
 ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
 STRIVE DUAL ZONE PEAK FLOW MTR (brand for peak flow meter universal rang) - Tier 2; QL
 sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1
 SUNLENCA ORAL - Tier 2; QL
 sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL
 the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL
 TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL
 tinaspore (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL
 tm-tolnaftate (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>tm-tolnaftate lr (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL</i> <i>TOLNAFI-AL (brand for tinaspore) - Tier 2; QL</i> <i>tolnaftate antifungal (generic for TINACTIN) - Tier 1; QL</i> <i>tolnaftate external cream (generic for TINACTIN) - Tier 1; QL</i> <i>tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1</i> VAPORIZER WARM STEAM - Tier 2; QL VAXELIS - Tier 2; QL <i>wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1</i> <i>wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1</i> WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL <i>womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL</i> ZOSTRIX HP (brand for capsaicin) - Tier 2; QL ZURZUVAE ORAL CAPSULE 20 MG, 30 MG - Tier 2; QL; AL</p>	

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

<p>ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL BOSULIF - Tier 2; PA; SP; QL BRUKINSA - Tier 2; PA; SP CABOMETYX - Tier 2; PA; SP; QL CAPRELSA - Tier 2; PA; SP; QL</p>	<p>GAVRETO - Tier 2; PA; SP; QL GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL RETEVMO - Tier 2; PA; SP; QL TABRECTA - Tier 2; PA; SP; QL</p>
---	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>erlotinib hcl (generic for TARCEVA)</i> - Tier 1; PA; SP; QL <i>gefitinib (generic for IRESSA)</i> - Tier 1; PA; SP; QL GILOTRIF - Tier 2; PA; SP; QL ICLUSIG - Tier 2; PA; SP; QL <i>imatinib mesylate (generic for GLEEVEC)</i> - Tier 1; PA; SP; QL IMBRUVICA - Tier 2; PA; SP; QL INLYTA - Tier 2; PA; SP; QL <i>lapatinib ditosylate (generic for TYKERB)</i> - Tier 1; PA; SP; QL LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>pazopanib hcl (generic for VOTRIENT)</i> - Tier 1; PA; SP; QL SPRYCEL - Tier 2; PA; SP; QL TASIGNA - Tier 2; PA; SP; QL TURALIO - Tier 2; SP; QL; AL XALKORI ORAL CAPSULE - Tier 2; PA; SP; QL</p>	<p>TAGRISSE - Tier 2; PA; SP; QL <i>TARCEVA (brand for erlotinib hcl)</i> - Tier 2; PA; SP; QL VIZIMPRO - Tier 2; PA; SP; QL <i>VOTRIENT (brand for pazopanib hcl)</i> - Tier 2; PA; SP; QL</p>
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	<p>PONVORY - Tier 2; PA; SP; QL PONVORY STARTER PACK - Tier 2; PA; SP; QL</p>
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanamide Analogs	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i></p>	<p>LUMIGAN - Tier 2; PA; QL TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL XALATAN (brand for latanoprost) - Tier 2; PA; QL XELPROS - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL</p>
<p>Ophthalmic Agents, Other</p>	
<p><i>altafrin (generic for ALTAFRIN) - Tier 1</i> <i>atropine sulfate ophthalmic ointment - Tier 1</i> <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i> <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL</i> <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> CYSTARAN - Tier 2; DX2RX; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL</i> <i>neo-polycin hc (generic for NEO-POLYCIN HC) - Tier 1; QL</i> <i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i> <i>sulfacetamide-prednisolone - Tier 1</i> TOBRADEX - Tier 2; QL <i>tobramycin-dexamethasone - Tier 1</i> XIIDRA - Tier 2; PA; QL</p>	<p>CEQUA - Tier 2; PA; QL COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA RESTASIS (brand for cyclosporine) - Tier 2; PA; QL RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL TOBRADEX ST - Tier 2; PA; QL TYRVAYA - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL</p>
<p>Ophthalmic Anti-allergy Agents</p>	
<p><i>azelastine hcl ophthalmic - Tier 1; ST</i> <i>cromolyn sodium ophthalmic - Tier 1; QL</i> <i>olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL</i> <i>PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-Infectives	
<p><i>bacitracin ophthalmic - Tier 1; QL</i> <i>bacitracin-polymyxin b ophthalmic (generic for POLYCIN) - Tier 1</i> <i>ciprofloxacin hcl ophthalmic - Tier 1; QL</i> <i>erythromycin ophthalmic - Tier 1; QL</i> <i>gentamicin sulfate ophthalmic - Tier 1; QL</i> <i>neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1; QL</i> <i>neomycin-polymyxin-gramicidin - Tier 1; QL</i> <i>neo-polycin (generic for NEO-POLYCIN) - Tier 1; QL</i> <i>ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL</i> <i>polycin (generic for POLYCIN) - Tier 1</i> <i>polymyxin b-trimethoprim - Tier 1; QL</i> <i>sulfacetamide sodium ophthalmic - Tier 1; QL</i> <i>tobramycin ophthalmic - Tier 1; QL</i> <i>trifluridine - Tier 1; QL</i></p>	<p>AZASITE - Tier 2; PA; QL BESIVANCE - Tier 2; PA; QL VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL ZYMAXID (brand for gatifloxacin) - Tier 2; PA; QL</p>
Ophthalmic Anti-inflammatories	
<p><i>dexamethasone sodium phosphate ophthalmic - Tier 1</i> <i>diclofenac sodium ophthalmic - Tier 1; QL</i> <i>fluorometholone (generic for FML LIQUIFILM) - Tier 1</i> <i>flurbiprofen sodium - Tier 1; QL</i> <i>ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1</i> <i>ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL</i> <i>prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL</i> <i>PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL</i> <i>prednisolone sodium phosphate ophthalmic - Tier 1</i></p>	<p>ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA ACUVAIL - Tier 2; PA; QL BROMSITE - Tier 2; PA; QL EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA; QL FML FORTE - Tier 2; PA; QL ILEVRO - Tier 2; PA; QL INVELTYS - Tier 2; PA; QL LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL LOTEMAX SM - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL PROLENSA - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Ophthalmic Beta-Adrenergic Blocking Agents

<p><i>betaxolol hcl ophthalmic - Tier 1; QL</i> <i>carteolol hcl - Tier 1</i> <i>levobunolol hcl - Tier 1; QL</i> <i>timolol maleate ophthalmic solution - Tier 1; QL</i></p>	<p>BETIMOL - Tier 2; PA; QL BETOPTIC-S - Tier 2; PA; QL ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL</p>
--	---

Ophthalmic Intraocular Pressure Lowering Agents, Other

<p><i>apraclonidine hcl - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL</i> DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> PHOSPHOLINE IODIDE - Tier 2 <i>pilocarpine hcl ophthalmic - Tier 1</i></p>	<p>ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL AZOPT (brand for brinzolamide) - Tier 2; PA RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL</p>
--	--

Ophthalmic Agents - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

<p><i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i> <i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i> <i>altalube (generic for ALTALUBE) - Tier 1; QL</i> <i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1</i> <i>astringent eye drops (generic for VISINE-AC) - Tier 1; QL</i> BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2 BION TEARS PF (brand for cvs natural tears pf) - Tier 2 <i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL</i> <i>dry eye relief ophthalmic gel 0.4-0.3 % (generic for GENTEAL TEARS SEVERE DAY/NIGHT) - Tier 1; QL</i></p>	
--	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL
eye drops advanced relief - Tier 1; QL
eye drops long lasting (generic for SYSTANE) - Tier 1; QL
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL
eye irritation relief drops (generic for VISINE-AC) - Tier 1; QL
eye lubricant (generic for ALTALUBE) - Tier 1; QL
for sty relief (generic for ALTALUBE) - Tier 1; QL
 GENTEAL SEVERE - Tier 2; QL
 GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2
 GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
 GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2
 GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2
 GENTEAL TEARS SEVERE DAY/NIGHT (brand for dry eye relief) - Tier 2; QL
 HYPOTEARS (brand for cvs dry-eye relief nighttime) - Tier 2; QL
lubricant drops fast act (generic for SYSTANE) - Tier 1; QL
lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL
lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL
lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1
lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL
lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant pm (generic for ALTALUBE) - Tier 1; QL
lubricating eye drop (generic for BIOLLE TEARS) - Tier 1
lubricating eye drops (generic for SYSTANE) - Tier 1; QL
lubricating eye/overnight (generic for ALTALUBE) - Tier 1; QL
lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1
lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricating tears ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL
MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2
MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL
natural tears pf (generic for BION TEARS PF) - Tier 1
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL
polyvinyl alcohol ophthalmic - Tier 1
pure & gentle lubricant - Tier 1
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL
REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL
relief eye drops (generic for VISINE-AC) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1
restore pm (generic for ALTALUBE) - Tier 1; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1
sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE CONTACTS (brand for artificial tears) - Tier 2
SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
ultra fresh (generic for ULTRA FRESH) - Tier 1; QL
ultra fresh pm (generic for ALTALUBE) - Tier 1; QL
ultra lubricant drop (generic for SYSTANE) - Tier 1; QL
ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL
ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL

Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs

NAPHCON-A (brand for allergy eye) - Tier 2
VASOCLEAR-A - Tier 2; QL
VISINE (brand for allergy eye) - Tier 2

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
--	--

<p><i>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL</i> <i>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL</i> <i>allergy eye drops (generic for ALAWAY) - Tier 1; QL</i> <i>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL</i> <i>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL</i> <i>ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL</i></p>	
--	--

Otic Agents	
-------------	--

<p><i>acetic acid otic - Tier 1; QL</i> <i>ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL</i> <i>hydrocortisone-acetic acid (generic for ACETASOL HC) - Tier 1</i> <i>neomycin-polymyxin-hc otic - Tier 1; QL</i> <i>ofloxacin otic - Tier 1; QL</i></p>	
---	--

	<p><i>CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL</i> <i>CIPRO HC - Tier 2; PA; QL</i> <i>OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL</i></p>
--	---

Otic Agents - Drugs to Treat Ear Conditions	
---	--

Otic Agents - Drugs for the Ear	
---------------------------------	--

<p><i>CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2</i> <i>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2</i> <i>ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p>	
--	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p>	

Respiratory Tract/Pulmonary Agents

Antihistamines

<p>all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>allergy medication (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy medicine (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL</p>	<p>DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL</p>
--	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL
anti-hist allergy (generic for BANOPHEN) - Tier 1; QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1; QL
banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
banophen oral tablet (generic for BANOPHEN) - Tier 1; QL
BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; QL
BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL
BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL
cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL
cetirizine hcl oral solution 1 mg/ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL
cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL
childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
clemastine fumarate oral syrup - Tier 1; QL
clemastine fumarate oral tablet 2.68 mg - Tier 1; QL
complete allergy (generic for BANOPHEN) - Tier 1; QL
complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

complete allergy relief (generic for BANOPHEN) - Tier 1; QL
 cyproheptadine hcl oral - Tier 1; QL
 DAYHIST ALLERGY 12 HOUR RELIEF (brand for clemastine fumarate)
 - Tier 2; QL
 diphenhydramine hcl oral (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
 diphen (generic for BANOPHEN) - Tier 1; QL
 diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY)
 - Tier 1; QL
 diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL
 ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL
 ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL
 ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL
 ALLERGY) - Tier 1; QL
 ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL
 ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
 geri-dryl (generic for BANOPHEN) - Tier 1; QL
 h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1;
 QL
 indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL
 levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY
 24HR) - Tier 1; QL
 liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
 m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
 MM ALLER-BEN (brand for allergy relief) - Tier 2; QL
 NARAMIN (brand for allergy childrens) - Tier 2; QL
 pharbedryl (generic for BANOPHEN) - Tier 1; QL
 siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
 total allergy (generic for BANOPHEN) - Tier 1; QL
 total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1;
 QL
 ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2;
 QL

Anti-inflammatories, Inhaled Corticosteroids

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p> ASMANEX (120 METERED DOSES) - Tier 2; PA; QL ASMANEX (14 METERED DOSES) - Tier 2; PA; QL ASMANEX (30 METERED DOSES) - Tier 2; PA; QL ASMANEX (60 METERED DOSES) - Tier 2; PA; QL ASMANEX HFA - Tier 2; PA; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL <i>budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA||Available for an extended day(s) supply; QL; AL</i> <i>FLUTICASONE PROPIONATE HFA (brand for fluticasone propionate hfa) - Tier 2; QL</i> <i>fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL</i> </p>	<p> ALVESCO - Tier 2; PA ARNUITY ELLIPTA - Tier 2; PA; QL BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY - Tier 2; PA; QL <i>FLOVENT DISKUS (brand for fluticasone propionate diskus) - Tier 2; PA; QL</i> <i>FLOVENT HFA (brand for fluticasone propionate hfa) - Tier 2; PA; QL</i> OMNARIS - Tier 2; PA; QL PULMICORT FLEXHALER - Tier 2; PA; QL <i>PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members >= 5 years of age will require PA||Available for an extended day(s) supply; QL; AL</i> QNASL - Tier 2; PA; QL QNASL CHILDRENS - Tier 2; PA; QL QVAR REDHALER - Tier 2; PA; QL XHANCE - Tier 2; PA; QL ZETONNA - Tier 2; PA; QL </p>

Antileukotrienes	
<p> <i>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</i> </p>	<p> <i>ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL</i> <i>SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL</i> <i>zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL</i> ZYFLO - Tier 2; PA </p>

Bronchodilators, Anticholinergic	
<p> ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i> </p>	<p> <i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; PA; QL</i> SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL </p>

Bronchodilators, Sympathomimetic	
<p> <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA) - Tier 1; QL</i> </p>	<p> <i>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</i> <i>BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL</i> </p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% - Tier 2; QL albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL; AL albuterol sulfate oral syrup - Tier 1; QL epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL levalbuterol hcl inhalation - Tier 1; ST; QL STRIVERDI RESPIMAT - Tier 2; QL SYMJEPI - Tier 2; QL</p>	<p>EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL PROAIR RESPICLICK - Tier 2; PA; QL PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL SEREVENT DISKUS - Tier 2; PA; QL VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</p>
Cystic Fibrosis Agents	
<p>CAYSTON - Tier 2; DX2RX; SP; QL KALYDECO - Tier 2; PA; SP; QL ORKAMBI - Tier 2; PA; SP; QL PULMOZYME - Tier 2; DX2RX; SP; QL SYMDEKO - Tier 2; PA; SP; QL tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</p>	<p>BETHKIS (brand for tobramycin) - Tier 2; DX2RX; SP; QL TOBI PODHALER - Tier 2; PA; SP; QL</p>
Mast Cell Stabilizers	
<p>cromolyn sodium inhalation - Tier 1; QL</p>	
Phosphodiesterase Inhibitors, Airways Disease	
<p>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL THEO-24 - Tier 2</p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>theophylline (generic for ELIXOPHYLLIN) - Tier 1; QL</i> <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i> <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i></p>	
<p>Pulmonary Antihypertensives</p>	
<p><i>ADEMPAS - Tier 2; DX2RX; SP; QL</i> <i>ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL</i> <i>bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL</i> <i>OPSUMIT - Tier 2; DX2RX; SP; QL</i> <i>sildenafil citrate oral suspension reconstituted (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i> <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL</i> <i>LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL</i> <i>ORENITRAM - Tier 2; PA; SP; QL</i> <i>ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL</i> <i>ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL</i> <i>ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL</i> <i>REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL</i> <i>tadalafil (pah) (generic for ADCIRCA) - Tier 1; PA; SP; QL</i> <i>TADLIQ - Tier 2; PA; SP; QL</i> <i>TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL</i> <i>TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL</i> <i>TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL</i> <i>UPTRAVI ORAL - Tier 2; PA; SP; QL</i></p>
<p>Pulmonary Fibrosis Agents</p>	
<p><i>OFEV - Tier 2; PA; SP; QL</i> <i>pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL</i> <i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL</i></p>	<p><i>ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL</i></p>
<p>Respiratory Tract Agents, Other</p>	
<p><i>acetylcysteine inhalation solution 10 % - Tier 1; QL</i> <i>acetylcysteine inhalation solution 20 % - Tier 1</i> <i>FASENRA PEN - Tier 2; PA; SP; QL</i></p>	<p><i>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL <i>promethazine vc - Tier 1; QL; AL</i>	

Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

<p> <i>4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2</i> <i>4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2</i> <i>AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2</i> <i>altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1</i> <i>altarussin (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>AYR (brand for altamist spray) - Tier 2</i> <i>AYR SALINE NASAL DROPS - Tier 2</i> <i>BABY AYR SALINE (brand for altamist spray) - Tier 2</i> <i>BROMFED DM (brand for pseudoeph-bromphen-dm) - Tier 2; QL; AL</i> <i>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL</i> <i>chest congestion relief child (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>chest congestion relief oral tablet (generic for XPECT) - Tier 1</i> <i>CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; AL</i> <i>cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL</i> <i>cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL</i> <i>cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL</i> <i>cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL</i> <i>deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1</i> <i>ed bron gp - Tier 1; AL</i> <i>ephrine nose drops (generic for 4-WAY FAST ACTING) - Tier 1</i> </p>	
--	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

ft chest congestion relief (generic for XPECT) - Tier 1
ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
ft nasal decongestant pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
ft tussin adult (generic for TUSNEL-EX) - Tier 1; QL; AL
geri-tussin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1
MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL; AL
maxi-tuss pe max - Tier 1; AL
medifin 400 (generic for XPECT) - Tier 1
medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL; AL
MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL; AL
MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL
mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal four (generic for 4-WAY FAST ACTING) - Tier 1
nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1
NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2
nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1
NEO-SYNEPHRINE COLD/ALLRG MILD - Tier 2
NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2
NEO-SYNEPHRINE COLD/ALLRGY REG - Tier 2
non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1
nose drops nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
OCEAN FOR KIDS (brand for altamist spray) - Tier 2
OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2
pharbinex (generic for XPECT) - Tier 1
phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

pseudoephedrine-bromphen-dm (generic for BROMFED DM) - Tier 1; QL; AL
refenesen 400 (generic for XPECT) - Tier 1
ROBITUSSIN CHILD COUGH/COLD LA - Tier 2; AL
ROBITUSSIN CHILDRENS COUGH LA - Tier 2; AL
ROBITUSSIN NIGHTTIME COUGH - Tier 2; AL
saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
sb mucus relief (generic for XPECT) - Tier 1
siltussin sa (generic for TUSNEL-EX) - Tier 1; QL; AL
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2
tab tussin (generic for XPECT) - Tier 1
tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin mucus & chest cong (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>tussin mucus+chest congest sf (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>XPECT (brand for chest congestion relief) - Tier 2</i></p>	

Antihistamines - Allergy Drugs

<p><i>12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>all day allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>allergy relief oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>allergy relief/nasal decongest oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>aller-tec d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>cetiri-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>cetirizine-pseudoephedrine er (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i> <i>desgen dm oral liquid (generic for DESGEN DM) - Tier 1; AL</i> <i>ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL</i> <i>ft tussin cf adult (generic for DESGEN DM) - Tier 1; AL</i> <i>nohist-lq (generic for ED A-HIST) - Tier 1; QL; AL</i> <i>robafen cf multi-symptom cold (generic for DESGEN DM) - Tier 1; AL</i> <i>ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL</i> <i>tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL</i> <i>tussin multi-symptom cold cf (generic for DESGEN DM) - Tier 1; AL</i></p>	
---	--

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL
 ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL

Antihistamines - Drugs to Treat Allergies

12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL
 24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL
 all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
 ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL
 ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL
 allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL
 aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
 aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL
 allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL
 allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
 allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
 allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL
allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL
allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL
allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL
CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2; QL
CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL
CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL
CLARITIN REDITABS JUNIORS (brand for cvs allergy relief) - Tier 2; QL
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for cvs allergy relief) - Tier 2; QL
ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL
fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL
ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL
ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL
loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; QL TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL</p>	
<p>Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs</p>	
<p>24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</p>	
<p>Bronchodilators, Sympathomimetic - Asthma/Lung Drugs</p>	
<p>ANORO ELLIPTA - Tier 2; QL breyna (generic for BREYNA) - Tier 1; PA; QL budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; PA; ST; QL COMBIVENT RESPIMAT - Tier 2; QL FLUTICASON FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL FLUTICASON-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL</p>	<p>ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL BEVESPI AEROSPHERE - Tier 2; PA; QL BREQ ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL BREZTRI AEROSPHERE - Tier 2; PA; QL DUAKLIR PRESSAIR - Tier 2; PA; QL DULERA - Tier 2; PA; QL SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL TRELEGY ELLIPTA - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>ipratropium-albuterol</i> - Tier 1; QL STIOLTO RESPIMAT - Tier 2; QL <i>wixela inhub</i> (generic for WIXELA INHUB) - Tier 1; QL	
Mast Cell Stabilizers - Drugs for the Lungs	
<i>cromolyn sodium nasal</i> (generic for NASALCROM) - Tier 1; QL NASALCROM (brand for cromolyn sodium) - Tier 2; QL	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
<i>12 hour decongestant</i> (generic for GILTUSS SEVERE SINUS) - Tier 1 <i>12 hour nasal decongestant</i> (generic for GILTUSS SEVERE SINUS) - Tier 1 <i>12 hour nasal relief spray</i> (generic for GILTUSS SEVERE SINUS) - Tier 1 <i>12 hour nasal spray</i> (generic for GILTUSS SEVERE SINUS) - Tier 1 ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2 ALAVERT ALLERGY/SINUS (brand for allergy relief d-12) - Tier 2; QL; AL <i>allerclear d-12hr</i> (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL <i>allerclear d-24hr</i> (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL <i>allergy & congestion oral tablet extended release 24 hour 10-240 mg</i> (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL <i>allergy & congestion relief</i> (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL <i>allergy nasal mist no drip</i> (generic for GILTUSS SEVERE SINUS) - Tier 1 <i>allergy relief d-12</i> (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL <i>allergy relief d-24</i> (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
altarusin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
altarusin-pe - Tier 1; AL
anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1
APRODINE (brand for cold & allergy d) - Tier 2; AL
benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL
chest congest/cough child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
childrens cold & allergy - Tier 1; AL
childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL
CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; QL; AL
cold & allergy - Tier 1; AL
cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL
cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough dm childrens oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL
cough dm er (generic for DELSYM) - Tier 1; QL; AL
cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL
DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2
DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL
DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2
DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL
dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL
dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL; AL
ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg
(generic for MUCINEX DM) - Tier 1; QL; AL
ft nasal decongestant max str (generic for SUDOGEST) - Tier 1; QL
g tussin ac - Tier 1; QL; AL
geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) -
Tier 1; QL; AL
giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1
guaifenesin ac - Tier 1; QL; AL
guaifenesin-codeine - Tier 1; QL; AL
guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR)
- Tier 1; QL; AL
HYPERMIL INHALATION NEBULIZATION SOLUTION 7 % (brand for
sodium chloride) - Tier 2
ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL
COLD/SINUS) - Tier 1; AL
ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL
COLD/SINUS) - Tier 1; AL
long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1;
QL; AL
lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) -
Tier 1; QL; AL
loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL;
AL
loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) -
Tier 1; QL; AL
loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL;
AL
loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG)
- Tier 1; QL; AL
maxi-tuss ac - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL
meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (brand for childrens cough) - Tier 2
MUCINEX CHILDRENS STUFFY NOSE (brand for 12 hour decongestant) - Tier 2
MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2
MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL
MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL
MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL; AL
MUCINEX FAST-MAX DM MAX (brand for childrens cough) - Tier 2
MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2
MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2
mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus d extended release (generic for MUCINEX D) - Tier 1; AL
mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus dm (generic for MUCINEX DM) - Tier 1; QL; AL
mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
mucus relief cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
mucus-d (generic for MUCINEX D) - Tier 1; AL
mucus-dm (generic for MUCINEX DM) - Tier 1; QL; AL
nasal decongestant 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant max st (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1
nebulal inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1
promethazine vc/codeine - Tier 1; QL; AL
promethazine-codeine - Tier 1; QL; AL
promethazine-dm - Tier 1; QL; AL
pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL
pulmosal (generic for PULMOSAL) - Tier 1
ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2
rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
rynex pe - Tier 1; AL
rynex pse - Tier 1; AL
siltussin-dm alcohol free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1
sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

sodium chloride inhalation nebulization solution 7 % (generic for PULMOSAL) - Tier 1
SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED CHILDRENS - Tier 2; QL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2
sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
tussin cf oral liquid 30-10-100 mg/5ml - Tier 1
tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL
tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</i></p>	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<p><i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i></p> <p><i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>methocarbamol oral - Tier 1; QL</i></p> <p><i>orphenadrine citrate er - Tier 1; QL</i></p>	<p><i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</i></p> <p><i>LORZONE (brand for chlorzoxazone) - Tier 2; PA</i></p>
Sleep Disorder Agents	
Sleep Promoting Agents	
<p><i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i></p> <p><i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i></p> <p><i>triazolam (generic for HALCION) - Tier 1; QL</i></p> <p><i>zaleplon - Tier 1; QL</i></p> <p><i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i></p> <p><i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i></p>	<p><i>AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL</i></p> <p><i>AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA</i></p> <p><i>BELSOMRA - Tier 2; PA</i></p> <p><i>DAYVIGO - Tier 2; PA; ^; QL</i></p> <p><i>doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; QL</i></p> <p><i>EDLUAR - Tier 2; PA; QL</i></p> <p><i>estazolam - Tier 1; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
	<p><i>HALCION (brand for triazolam) - Tier 2; PA; QL</i> <i>LUNESTA (brand for eszopiclone) - Tier 2; PA; QL</i> <i>ramelteon (generic for ROZEREM) - Tier 1; PA; QL</i> <i>RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 MG (brand for temazepam) - Tier 2; PA; QL</i> <i>RESTORIL ORAL CAPSULE 22.5 MG (brand for temazepam) - Tier 2; PA</i> <i>ROZEREM (brand for ramelteon) - Tier 2; PA; QL</i> <i>SILENOR (brand for doxepin hcl) - Tier 2; PA; QL</i> <i>temazepam oral capsule 22.5 mg (generic for RESTORIL) - Tier 1; PA</i> <i>temazepam oral capsule 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL</i></p>
Wakefulness Promoting Agents	
<p><i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil (generic for PROVIGIL) - Tier 1; DX2RX; QL</i></p>	<p><i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL</i> <i>SUNOSI - Tier 2; PA; QL</i> <i>WAKIX - Tier 2; PA; QL</i> <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL</i></p>
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
<p><i>adc/f (0.5mg/ml) - Tier 1</i> <i>animal shapes complete (generic for CEROVITE JR) - Tier 1; QL</i> <i>animal shapes kids first (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL</i> <i>ascorbic acid oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL</i> <i>biocel (generic for LYSIPLEX PLUS) - Tier 1; QL</i> <i>b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL</i> <i>BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; QL</i> <i>BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vita/fe drop) - Tier 2; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL
CADEAU DHA - Tier 2
calcidol (generic for CALCIDOL) - Tier 1; QL
calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL
calcium fast dissolution - Tier 1; QL
calcium high potency - Tier 1; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1
cerovite jr (generic for CEROVITE JR) - Tier 1; QL
chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL
childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL
childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens chewables/ex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL
childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
effe-k oral tablet effervescent 25 meq - Tier 1; QL
ergocalciferol oral (generic for CALCIDOL) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

FLINTSTONES PLUS EXTRA IRON (brand for childrens animal shapes) - Tier 2; QL
 FOLAGENT DHA (brand for v-c forte) - Tier 2; QL
 FOLAMED DHA (brand for v-c forte) - Tier 2; QL
 fruity c - Tier 1; QL
 klor-con/ef - Tier 1; QL
 k-prime - Tier 1; QL
 little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
 lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL
 multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
 MULTIPRO (brand for v-c forte) - Tier 2; QL
 multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL
 multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
 NOVAMV PEDIATRIC MULTI-VITAMIN - Tier 2; QL
 nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL
 OBTREX - Tier 2
 OCUVEL (brand for v-c forte) - Tier 2; QL
 one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
 one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
 oyster shell calcium oral tablet 500 mg - Tier 1; QL
 oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
 oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
 POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL
 POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL
 prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1
 stress formula/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
 SUPPORT - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p> <i>tri-vite/fluoride oral solution 0.25 mg/ml - Tier 1; QL</i> <i>tri-vite/fluoride oral solution 0.5 mg/ml - Tier 1</i> <i>v-c forte (generic for VIC-FORTE) - Tier 1; QL</i> <i>vic-forde (generic for VIC-FORTE) - Tier 1; QL</i> <i>vit c/rose hips - Tier 1; QL</i> <i>vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL</i> <i>vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL</i> <i>vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL</i> <i>vitamin c er oral tablet extended release 1500 mg - Tier 1; QL</i> <i>vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL</i> <i>vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL</i> <i>vitamin c oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL</i> <i>vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL</i> <i>vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL</i> <i>vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL</i> <i>vitamin c/rose hips (generic for PUREWAY-C) - Tier 1; QL</i> <i>vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL</i> <i>vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; QL</i> <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL</i> <i>vitamins acd-fluoride - Tier 1; QL</i> <i>vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL</i> <i>zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL</i> </p>	

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

<p> <i>b-1 - Tier 1; QL</i> <i>b6 - Tier 1; QL</i> <i>cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL</i> <i>DODEX (brand for cyanocobalamin) - Tier 2; QL</i> <i>e - Tier 1</i> </p>	<p>NASCOBAL - Tier 2; PA; QL</p>
--	----------------------------------

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>e-400-clear - Tier 1; QL</i> <i>natural vitamin e - Tier 1; QL</i> <i>pyridoxine hcl oral - Tier 1; QL</i> <i>thiamine hcl oral - Tier 1; QL</i> <i>vitamin b1 - Tier 1; QL</i> <i>vitamin b-1 oral tablet 250 mg - Tier 1; QL</i> <i>vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1</i> <i>vitamin b12 oral tablet extended release 1000 mcg - Tier 1</i> <i>vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1</i> <i>vitamin b-6 - Tier 1; QL</i> <i>vitamin b-6 er - Tier 1; QL</i> <i>vitamin e natural - Tier 1</i> <i>vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1</i> <i>vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit) - Tier 1; QL</i></p>	
<p>Vitamins</p>	
<p>Electrolytes/Minerals/Metals/Vitamins</p>	
<p><i>prenatal gummy oral tablet chewable 0.4 mg - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prior Authorization / Class Criteria

Title	Drugs Impacted	Prior Authorization Criteria / Class Criteria
-------	----------------	---

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Index of Drugs

1			
12 hour allergy-d	136	ABSORICA	57
12 hour decongestant	140	ABSORICA LD	57
12 hour nasal decongestant.....	140	acamprosate calcium	14
12 hour nasal relief spray.....	140	ACANYA	57
12 hour nasal spray	140	acarbose oral	42
12hr allergy relief	137	ACCOLATE	129
2		ACCRUFER.....	66
24 hour nasal allergy.....	139	ACCU-CHEK AVIVA DEVICE	64
24hr allergy relief	137	ACCU-CHEK AVIVA PLUS TEST STRIPS	
3		.....	64
3 day	25	ACCU-CHEK FASTCLIX LANCET KIT....	64
3 day vaginal	26	ACCU-CHEK GUIDE CONTROL	64
3-day vaginal vaginal cream 2 %	26	ACCU-CHEK GUIDE KIT W/DEVICE.....	64
4		ACCU-CHEK GUIDE TEST STRIPS.....	64
4-WAY FAST ACTING	132	ACCU-CHEK SMARTVIEW.....	64
4-WAY MENTHOL	132	ACCU-CHEK SMARTVIEW CONTROL ...	64
7		ACCU-CHEK SOFTCLIX LANCET DEVICE	
7T LIDO	13	KIT	64
8		ACCURETIC ORAL TABLET 10-12.5 MG	50
8 hour arthritis pain	8	accutane	57
8 hour arthritis relief	8	ACCU-TREND GLUCOSE CONTROL	64
8 hour pain relief oral tablet extended		acebutolol hcl oral.....	49
release 650 mg	8	acetaminophen 8 hour	8
8 hour pain reliever	8	acetaminophen 8 hours	8
8 hr arthritis pain relief	8	acetaminophen 8hr arth pain	8
8hr arthritis pain relief	8	acetaminophen 8hr musc ache.....	8
8hr muscle aches & pain.....	8	acetaminophen childrens	9
A		acetaminophen er	9
a-25.....	72	acetaminophen ex st oral liquid 500 mg/15ml	
abacavir sulfate	39	.....	9
abacavir sulfate-lamivudine	39	acetaminophen ex st oral tablet 500 mg.....	9
abatineX	80	acetaminophen extra strength	9
ABILIFY.....	36	acetaminophen infants.....	9
ABILIFY MAINTENA	36	acetaminophen oral liquid 160 mg/5ml	9
abiraterone acetate	30	acetaminophen oral solution 160 mg/5ml,	
ABREVA	63	325 mg/10.15ml, 650 mg/20.3ml	9
ABRYSVO.....	109	acetaminophen oral suspension 160	
		mg/5ml, 650 mg/20.3ml	9
		acetaminophen oral tablet 325 mg	9
		acetaminophen oral tablet 500 mg	9
		acetaminophen oral tablet chewable 160 mg	
		.....	9
		acetaminophen rectal suppository 120 mg ..	9
		acetaminophen rectal suppository 650 mg ..	9
		acetaminophen-codeine	7
		acetazolamide er	50
		acetazolamide oral	50
		acetic acid otic	125
		acetylcysteine inhalation solution 10 % ...	131
		acetylcysteine inhalation solution 20 % ...	131
		acid controller oral tablet 10 mg	78
		acid gone	80
		acid reducer oral capsule delayed release	
		20.6 (20 base) mg.....	79
		acid reducer oral tablet 10 mg	78
		acid reducer oral tablet 200 mg	78
		acidophilus lactobacillus oral	80
		acidophilus oral capsule , 10 mg	80
		acidophilus probiotic oral capsule 10 mg...	80
		acidophilus probiotic oral tablet , 0.5 mg ..	80
		acidophilus/l-sporogenes.....	80
		acitretin	57
		acne control cleanser	109
		acne medication 10 external lotion	109
		acne medication 5 external lotion	109
		acne treatment external cream 10 %	109
		ACTEMRA ACTPEN	105
		ACTEMRA SUBCUTANEOUS	105
		ACTHAR.....	95
		ACTHIB	106
		ACTIMMUNE.....	106
		ACTIVELLA	97
		ACTONEL ORAL TABLET 150 MG	109
		ACTONEL ORAL TABLET 35 MG	109
		ACULAR LS.....	120
		ACUVAIL	120

<i>acyclovir oral</i>	38	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i>	129	<i>allergy childrens oral solution</i>	137
ADACEL	106	ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	129	<i>allergy eye drops</i>	124
ADBRY	105	<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	129	<i>allergy medication</i>	126
<i>adc/f (0.5mg/ml)</i>	149	<i>albuterol sulfate oral syrup</i>	130	<i>allergy medicine</i>	126
ADCIRCA	131	<i>alclometasone dipropionate external ointment</i>	58	<i>allergy nasal mist no drip</i>	140
ADDERALL XR	54	ALCOHOL PREP PADS PAD , 70 %	110	<i>allergy oral capsule 25 mg</i>	126
ADEMPAS	131	ALECENSA	117	<i>allergy oral liquid 12.5 mg/5ml</i>	126
ADMELOG	44	<i>alendronate sodium oral solution</i>	109	<i>allergy oral tablet 25 mg</i>	126
ADMELOG SOLOSTAR	44	<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	109	<i>allergy rel child (loratadine)</i>	137
<i>adult 50+ probiotic</i>	80	<i>alendronate sodium oral tablet 70 mg</i>	109	<i>allergy relief (cetirizine) oral tablet 10 mg</i>	126
<i>adult probiotic</i>	80	ALEVE ORAL TABLET	5	<i>allergy relief (loratadine) oral tablet</i>	137
<i>adv acne spot treatment</i>	109	<i>alfuzosin hcl er</i>	94	<i>allergy relief adult</i>	126
ADVAIR DISKUS	139	<i>all day allergy d</i>	136	<i>allergy relief cetirizine</i>	126
ADVAIR HFA	139	<i>all day allergy oral tablet 10 mg</i>	126	<i>allergy relief child</i>	137
<i>advanced acne spot treat</i>	109	<i>all day allergy relief oral tablet 10 mg</i>	137	<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	126
<i>advanced antacid</i>	80	<i>all day allergy-d</i>	136	<i>allergy relief childrens oral solution 5 mg/5ml</i>	137
<i>advanced healing external ointment</i>	62	<i>all day pain relief oral tablet 220 mg</i>	5	<i>allergy relief childrens oral tablet chewable 12.5 mg</i>	126
ADVIL COLD/SINUS	140	<i>all day relief</i>	5	<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	136
ADVIL JUNIOR STRENGTH	5	ALLEGRA ALLERGY	137	<i>allergy relief d-12</i>	140
ADVIL ORAL TABLET	5	ALLEGRA HIVES 24HR	137	<i>allergy relief d-24</i>	140
AFINITOR	31	<i>allerclear</i>	137	<i>allergy relief max st</i>	126
<i>afirmelle</i>	97	<i>allerclear d-12hr</i>	140	<i>allergy relief nasal decong</i>	140
AFLURIA QUADRIVALENT	108	<i>allerclear d-24hr</i>	140	<i>allergy relief oral capsule 25 mg</i>	126
AFREZZA	44	<i>aller-ease oral tablet 180 mg</i>	137	<i>allergy relief oral liquid 25 mg/10ml</i>	126
AFRIN NODRIP ORIGINAL	140	<i>aller-fex</i>	137	<i>allergy relief oral tablet 10 mg</i>	137
AFRIN SALINE NASAL MIST	132	<i>allerg rel child (lorat)</i>	137	<i>allergy relief oral tablet 180 mg</i>	137
<i>aftera</i>	103	<i>allerg relief child (lorat)</i>	137	<i>allergy relief oral tablet 25 mg</i>	126
AIMOVIG	28	<i>allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	140	<i>allergy relief oral tablet 60 mg</i>	137
AJOVY	28	<i>allergy & congestion relief</i>	140	<i>allergy relief oral tablet chewable 12.5 mg</i>	126
AKYNZEO ORAL	25	<i>allergy (cetirizine)</i>	126	<i>allergy relief oral tablet dispersible 10 mg</i>	137
<i>ala-cort</i>	58	<i>allergy 24hour indoor/outdoor</i>	126	<i>allergy relief oral tablet extended release 12 hour 5-120 mg</i>	136
ALAVERT ALLERGY/SINUS	140	<i>allergy 24-hr</i>	137	<i>allergy relief oral tablet extended release 12 mg</i>	138
ALAWAY	124	<i>allergy childrens oral liquid</i>	126	<i>allergy relief(cetirizine)</i>	127
ALAWAY CHILDRENS ALLERGY	124				
<i>albendazole oral</i>	33				
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	129				
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	129				

<i>allergy relief/indoor/outdoor oral tablet 10 mg</i>	<i>alyacen 7/7/7</i>	<i>ANNOVERA</i>
..... 127	..... 97	..... 97
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	<i>amantadine hcl oral capsule</i>	<i>ANORO ELLIPTA</i>
..... 138	..... 34	..... 139
<i>allergy relief/nasal decong</i>	<i>amantadine hcl oral solution</i>	<i>antacid & anti-gas oral suspension 200-200-</i>
..... 140	..... 34	<i>20 mg/5ml</i>
<i>allergy relief/nasal decongest oral tablet</i>	<i>AMBIEN</i>	..... 80
<i>extended release 12 hour</i>	..... 148	<i>antacid & antigas oral suspension 2400-</i>
..... 136	<i>AMBIEN CR</i>	<i>2400-240 mg/30ml</i>
<i>allergy relief/nasal decongest oral tablet</i>	..... 148	..... 80
<i>extended release 24 hour</i>	<i>ambrisentan</i>	<i>antacid & anti-gas oral suspension 400-400-</i>
..... 141	..... 131	<i>40 mg/5ml</i>
<i>allergy relief-d oral tablet extended release</i>	<i>amcinonide external ointment</i>	..... 80
<i>12 hour 5-120 mg</i>	..... 58	<i>antacid & gas relief</i>
..... 136, 141	<i>amethia</i>	..... 80
<i>allergy relief-d oral tablet extended release</i>	..... 97	<i>antacid advanced</i>
<i>24 hour 10-240 mg</i>	<i>amiloride hcl oral</i>	..... 80
..... 141	..... 51	<i>antacid advanced max st oral suspension</i>
<i>allergy relief-d12</i>	<i>amiloride-hydrochlorothiazide</i>	<i>400-400-40 mg/5ml</i>
..... 141	..... 50	..... 80
<i>allergy spray 24 hour nasal aerosol</i>	<i>aminocaproic acid oral</i>	<i>antacid anti-gas</i>
..... 139	..... 47	..... 80
<i>allergy/congestion relief</i>	<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	<i>antacid anti-gas ex st oral suspension 400-</i>
..... 141	..... 49	<i>400-40 mg/5ml</i>
<i>aller-tec</i>	<i>AMITIZA</i>	..... 80
..... 127	..... 77	<i>antacid anti-gas max strength</i>
<i>aller-tec d</i>	<i>amitriptyline hcl oral</i>	..... 80
..... 136	..... 24	<i>antacid calcium</i>
<i>allopurinol oral tablet 100 mg, 300 mg</i>	<i>AMJEVITA SOLUTION AUTO-INJECTOR</i>	..... 80
..... 28	<i>40 MG/0.8ML SUBCUTANEOUS</i>	<i>antacid calcium rich</i>
<i>almacone double strength</i>	..... 109	..... 80
..... 80	<i>AMJEVITA SUBCUTANEOUS SOLUTION</i>	<i>antacid extra strength oral suspension</i>
<i>ALOGLIPTIN BENZOATE</i>	<i>PREFILLED SYRINGE 20 MG/0.4ML, 40</i>	<i>160-105 mg</i>
..... 42	<i>MG/0.8ML</i>	..... 81
<i>ALOGLIPTIN-METFORMIN HCL</i>	..... 109	<i>antacid extra strength oral tablet chewable</i>
..... 42	<i>amlodipine besylate oral</i>	<i>750 mg</i>
<i>ALOGLIPTIN-PIOGLITAZONE</i>	..... 50	..... 81
..... 42	<i>ammonium lactate external</i>	<i>antacid fast relief</i>
<i>ALORA</i>	..... 58	..... 81
..... 97	<i>amnestem</i>	<i>antacid i</i>
<i>ALPHAGAN P</i>	..... 57	..... 81
..... 121	<i>amoxapine</i>	<i>antacid iii</i>
<i>alprazolam oral tablet</i>	..... 24	..... 81
..... 41	<i>amoxicillin</i>	<i>antacid kids</i>
<i>altachlore ophthalmic ointment</i>	<i>amoxicillin-potassium clavulanate</i>	..... 81
..... 121	..... 17	<i>antacid liquid</i>
<i>altachlore ophthalmic solution</i>	<i>amphetamine-dextroamphetamine</i>	..... 81
..... 121	..... 54	<i>antacid m</i>
<i>altafrin</i>	<i>amphetamine-dextroamphetamine er</i>	..... 81
..... 119	..... 55	<i>antacid maximum</i>
<i>altalube</i>	<i>ampicillin</i>	..... 81
..... 121	..... 17	<i>antacid maximum strength oral suspension</i>
<i>altamist spray</i>	<i>AMPYRA</i>	<i>400-400-40 mg/5ml</i>
..... 132	..... 55	..... 81
<i>altarussin</i>	<i>AMRIX</i>	<i>antacid maximum strength oral tablet</i>
..... 132	..... 148	<i>chewable 1000 mg</i>
<i>altarussin dm</i>	<i>anagrelide hcl</i>	..... 81
..... 141	..... 46	<i>antacid oral suspension 200-200-20 mg/5ml,</i>
<i>altarussin-pe</i>	<i>ANASPAZ</i>	<i>400-400-40 mg/10ml</i>
..... 141	..... 110	..... 81
<i>altavera</i>	<i>anastrozole oral</i>	<i>antacid oral tablet chewable 1000 mg</i>
..... 97	..... 31	..... 81
<i>ALTOPREV</i>	<i>ANDRODERM</i>	<i>antacid oral tablet chewable 500 mg</i>
..... 52	..... 96	..... 81
<i>ALTRENO</i>	<i>ANECREAM EXTERNAL CREAM</i>	<i>antacid oral tablet chewable 750 mg</i>
..... 57	..... 13	..... 81
<i>alum & mag hydroxide-simeth</i>	<i>anefrin spray</i>	<i>antacid plus antigas</i>
..... 80	..... 141	..... 81
<i>ALUNBRIG</i>	<i>ANGELIQ</i>	<i>antacid regular strength oral suspension</i>
..... 117	..... 97	..... 81
<i>ALVESCO</i>	<i>animal shapes complete</i>	
..... 128	..... 149	
<i>alyacen 1/35</i>	<i>animal shapes kids first</i>	
..... 97	..... 149	

<i>antacid regular strength oral tablet chewable</i>	<i>apra</i>	<i>aspirin childrens</i>
81	9	110
<i>antacid supreme</i>	<i>apraclonidine hcl</i>	<i>aspirin ec oral tablet 325 mg</i>
81	121	110
<i>antacid ultra strength</i>	<i>aprepitant</i>	<i>aspirin ec oral tablet delayed release 325</i>
81	25	<i>mg</i>
<i>antacid ultra strength oral tablet chewable</i>	<i>apri</i>	110
<i>1000 mg</i>	<i>APRISO</i>	<i>aspirin ec oral tablet delayed release 81 mg</i>
81	108	.....
<i>antacid/antigas</i>	<i>APRODINE</i>	110
82	141	<i>aspirin oral tablet 325 mg</i>
<i>antacid/anti-gas max st</i>	<i>APTENSIO XR</i>	110
82	53	<i>aspirin oral tablet chewable 81 mg</i>
<i>antacid/anti-gas oral suspension 200-200-20</i>	<i>APTIOM</i>	110
<i>mg/5ml, 400-400-40 mg/10ml</i>	<i>APTIVUS</i>	<i>aspirin oral tablet delayed release 325 mg</i>
82	40	.....
<i>antacid/anti-gas oral suspension 400-400-40</i>	<i>aqueous vitamin d</i>	110
<i>mg/5ml</i>	<i>aranelle</i>	<i>aspirin oral tablet delayed release 81 mg</i> 110
82	97	ASPIRIN ORAL TABLET DELAYED
<i>antacid/gas relief max st</i>	ARANESP (ALBUMIN FREE)	RELEASE 81 MG
82	47	110
<i>antibiotic</i>	ARAZLO	<i>aspirin rectal suppository 300 mg</i>
19, 110	57	110
<i>anti-diarr/ant-gas</i>	AREXVY	<i>aspirin regimen</i>
82	110	110
<i>anti-diarrheal anti-gas</i>	<i>aripiprazole oral solution</i>	<i>aspirin oral tablet 325 mg</i>
82	36	110
<i>anti-diarrheal oral suspension 262 mg/15ml</i>	<i>aripiprazole oral tablet</i>	<i>astrigent eye drops</i>
.....	36	121
82	<i>aripiprazole oral tablet dispersible</i>	<i>astrigent solution</i>
<i>anti-diarrheal oral tablet 2 mg</i>	ARISTADA	62
77	36	<i>atazanavir sulfate</i>
<i>anti-diarrheal/anti-gas</i>	ARISTADA INITIO	40
82	36	ATELVIA
<i>antifungal (tolnaftate)</i>	<i>armodafinil</i>	109
110	149	<i>atenolol oral</i>
<i>antifungal external cream</i>	ARMONAIR DIGIHALER	49
26	109	<i>atenolol-chlorthalidone</i>
<i>antifungal external powder</i>	ARMOUR THYROID	50
26	104	<i>atheletes foot</i>
<i>antifungal foot care</i>	ARNUITY ELLIPTA	26
26	128	<i>athletes foot (terbinafine)</i>
<i>antifungal miconazole</i>	<i>arthritis pain oral tablet extended release</i>	26
26	<i>650 mg</i>	<i>athletes foot (tolnaftate) external aerosol</i>
<i>antifungal tolnaftate</i>	9	<i>powder 1 %</i>
110	<i>arthritis pain relief oral tablet extended</i>	110
<i>anti-gas oral capsule 180 mg</i>	<i>release 650 mg</i>	110
82	9	<i>athletes foot external aerosol powder 2 %</i> 27
<i>anti-hist allergy</i>	<i>arthritis pain reliever oral</i>	27
127	9	<i>athletes foot external cream 1 %</i>
<i>anti-itch aloe</i>	<i>arthritis pain relieving</i>	27
58	110	<i>athletes foot external powder 2 %</i>
<i>anti-itch intensive heal</i>	<i>artificial tears ophthalmic solution</i>	27
58	121	<i>athletes foot powder spray external aerosol</i>
<i>anti-itch max str external cream 1 %</i>	<i>ascomp-codeine</i>	<i>powder 1 %</i>
58	7	110
<i>anti-itch maximum strength external cream 1</i>	<i>ascorbic acid oral tablet 500 mg</i>	<i>athletes foot powder spray external aerosol</i>
<i>%</i>	149	<i>powder 2 %</i>
58	97	27
<i>anti-nausea</i>	<i>ashlyna</i>	<i>athletes foot relief</i>
25	97	111
<i>anti-nausea relief</i>	ASMANEX (120 METERED DOSES)	<i>athletes foot spray external aerosol 2 %</i> ...
25	128	27
<i>antiseptic</i>	ASMANEX (14 METERED DOSES)	<i>atomoxetine hcl</i>
19	128	53
<i>apap-caff-dihydrocodeine</i>	ASMANEX (30 METERED DOSES)	ATORVALIQ
7	128	52
APIDRA SOLOSTAR	ASMANEX (60 METERED DOSES)	<i>atorvastatin calcium oral</i>
44	128	52
APIDRA VIAL	ASMANEX HFA	<i>atovaquone</i>
44	128	33
APOKYN	ASPERFLEX LIDOCAINE EXTERNAL	<i>atovaquone-proguanil hcl</i>
35	CREAM	33
APO-VARENICLINE	14	
15	<i>aspirin adults</i>	
	110	

ATRALIN.....	57	b6.....	152	BD ULTRA-FINE PEN NEEDLES 29G X	
atropine sulfate ophthalmic ointment	119	BABY AYR SALINE	132	12.7MM.....	110
atropine sulfate ophthalmic solution 1 %.	119	baby basics diaper rash	62	BD ULTRA-FINE PEN NEEDLES 31G X 5	
ATROVENT HFA	129	bac.....	7	MM.....	111
AUBAGIO.....	55	bacitracin external.....	111	BD ULTRA-FINE PEN NEEDLES 31G X 8	
aubra eq.....	97	bacitracin ophthalmic	119	MM.....	110
aurovela 1.5/30	97	bacitracin zinc external	111	beauty 360 pure glycerin	62
aurovela 1/20	97	bacitracin zinc first aid	111	beauty 360 soothing bath	62
aurovela 24 fe	97	bacitracin zinc-aloe	111	BECONASE AQ NASAL SUSPENSION 42	
aurovela fe 1.5/30	97	bacitracin-polymyxin b ophthalmic.....	119	MCG/SPRAY	128
aurovela fe 1/20	97	bacitra-neomycin-polymyxin-hc	119	BELBUCA.....	6
AURYXIA	71	baclofen oral tablet	37	BELSOMRA.....	148
AUSTEDO.....	55	BAFIERTAM	56	BENADRYL ALLERGY CHILDRENS ORAL	
AUVELITY.....	109	BALCOLTRA	97	LIQUID.....	127
AUVI-Q.....	129	balsalazide disodium	108	BENADRYL ALLERGY CHILDRENS ORAL	
AVAR-E EMOLLIENT	62	BALVERSA.....	31	TABLET CHEWABLE.....	127
AVAR-E GREEN.....	62	balziva.....	97	BENADRYL ALLERGY ORAL TABLET ..	127
AVEDANA GLYCERIN (ADULT)	90	banophen oral capsule 25 mg	127	BENADRYL ALLERGY ULTRATABS	127
aviane	97	banophen oral tablet	127	benazepril hcl oral	48
AVONEX PEN.....	55	BAQSIMI ONE PACK	43	benazepril-hydrochlorothiazide.....	51
AVONEX PREFILLED.....	55	BAQSIMI TWO PACK.....	43	BENLYSTA SUBCUTANEOUS SOLUTION	
AYR.....	132	BARACLUDGE ORAL SOLUTION.....	37	AUTO-INJECTOR.....	105
AYR SALINE NASAL DROPS	132	BASAGLAR KWIKPEN.....	44	BENZAC AC WASH	111
ayuna	97	BAYER ASPIRIN ORAL TABLET.....	111	BENZAMYCIN	57
AZASITE	119	BAYER LOW DOSE ORAL TABLET		BENZNIDAZOLE	33
azathioprine oral tablet 50 mg.....	106	CHEWABLE.....	111	benzonatate oral capsule 100 mg, 200 mg	
azelaic acid external	57	baza antifungal	27	.....	141
azelastine hcl nasal solution 0.1 %, 137		b-complex oral tablet	72	benztropine mesylate oral	34
mcg/spray.....	127	b-complex with b-12.....	72	BERINERT	105
azelastine hcl ophthalmic.....	119	b-complex/b-12 oral	72	BESIVANCE	119
azithromycin oral suspension reconstituted		BD AUTOSHIELD DUO PEN NEEDLES..	64	BETADINE EXTERNAL SOLUTION 10 %	19
.....	18	BD ECLIPSE NEEDLE 25G X 5/8	109	betaine.....	93
azithromycin oral tablet	18	BD ULTRA-FINE INSULIN SYRINGES.	109,	betamethasone dipropionate aug	58
azo	94	110		betamethasone dipropionate external lotion	
AZOPT	121	BD ULTRA-FINE INSULIN SYRINGES 30G		.....	58
AZSTARYS	55	X 1/2.....	110	betamethasone dipropionate external	
azurette	97	BD ULTRA-FINE INSULIN SYRINGES 31G		ointment.....	58
B		X 15/64.....	110	betamethasone valerate external cream ...	58
b complex.....	72	BD ULTRA-FINE INSULIN SYRINGES 31G		betamethasone valerate external lotion.....	58
b complex vitamins	72	X 5/16.....	109	betamethasone valerate external ointment	58
b-1.....	152	BD ULTRA-FINE PEN NEEDLES	64, 64	BETAPACE	49

BETAPACE AF	49	<i>boudreauxs butt paste ointment 40 %</i>		<i>bupropion hcl er (sr)</i>	23
BETASERON	56	<i>external</i>	62	<i>bupropion hcl er (xl) oral tablet extended</i>	
<i>betatemp childrens</i>	9	BOUDREAUXS BUTT PASTE OINTMENT		<i>release 24 hour 150 mg, 300 mg</i>	23
<i>betaxolol hcl ophthalmic</i>	120	<i>40 % EXTERNAL</i>	62	<i>bupropion hcl oral</i>	23
<i>betaxolol hcl oral</i>	49	<i>bp 10-1</i>	62	<i>bupirone hcl oral</i>	41
<i>bethanechol chloride oral</i>	94	<i>bp wash external liquid 2.5 %</i>	111	<i>butalbital-acetaminophen oral tablet 50-325</i>	
BETHKIS	130	<i>b-plex plus</i>	149	<i>mg</i>	7
BETIMOL	120	<i>BPROTECTED PEDIA D-VITE</i>	72	<i>butalbital-apap-caff-cod oral capsule 50-325-</i>	
BETOPTIC-S	120	<i>BPROTECTED PEDIA IRON</i>	68	<i>40-30 mg</i>	7
BEVESPI AEROSPHERE	139	<i>BPROTECTED PEDIA POLY-VITE</i>	149	<i>butalbital-apap-caffeine oral capsule 50-325-</i>	
<i>bexarotene</i>	32	<i>BPROTECTED PEDIA POLY-VITE/FE ..</i>	149	<i>40 mg</i>	7
BEXSERO	106	<i>BPROTECTED VITAMIN C</i>	149	<i>butalbital-apap-caffeine oral tablet</i>	7
BEYAZ	97	BRAFTOVI	31	<i>butalbital-asa-caff-codeine</i>	7
<i>bicalutamide</i>	30	<i>BREATHE COMFORT HUMIDIFIER</i>	111	<i>butalbital-aspirin-caffeine</i>	7
BIDIL	50	<i>BREO ELLIPTA INHALATION AEROSOL</i>		<i>butorphanol tartrate nasal</i>	7
BIJUVA ORAL CAPSULE 1-100 MG	97	<i>POWDER BREATH ACTIVATED 100-25</i>		BUTRANS	7
BIKTARVY ORAL TABLET 30-120-15 MG38		<i>MCG/ACT, 200-25 MCG/ACT</i>	139	BYDUREON BCISE AUTOINJECTOR	42
BIKTARVY ORAL TABLET 50-200-25 MG38		<i>breyana</i>	139	BYETTA 10 MCG PEN	42
<i>BINAXNOW COVID-19 AG HOME TEST</i>	111	BREZTRI AEROSPHERE	139	BYETTA 5 MCG PEN	42
<i>biocel</i>	149	<i>briellyn</i>	97	C	
BIOLLE TEARS	121	BRILINTA	47	<i>cabergoline</i>	104
BIOLYTE	68	<i>brimonidine tartrate ophthalmic solution 0.15</i>		CABLIVI	47
BION TEARS PF	121	<i>%</i>	121	CABOMETYX	117
<i>biotinex</i>	82	<i>brimonidine tartrate ophthalmic solution 0.2</i>		CADEAU DHA	149
<i>bisacodyl ec</i>	111	<i>%</i>	121	<i>caffeine citrate oral</i>	55
<i>bisacodyl laxative</i>	111	BRIVIACT ORAL	20	<i>cal mag zinc +d3</i>	68
<i>bisacodyl oral</i>	111	<i>BROMFED DM</i>	132	<i>calamine external lotion</i>	111
<i>bisacodyl rectal</i>	111	BROMSITE	120	<i>calamine external lotion , 8-8 %</i>	63
<i>bismuth</i>	82	BRONCHITOL	56	<i>calamine-zinc oxide external lotion</i>	63
<i>bismuth subsalicylate oral</i>	82	BROVANA	129	<i>calcidol</i>	150
<i>bisoprolol fumarate oral</i>	49	BRUKINSA	117	<i>calcipotriene external cream</i>	60
<i>bisoprolol-hydrochlorothiazide</i>	51	BRYHALI	58	<i>calcipotriene external ointment</i>	60
<i>blisovi 24 fe</i>	97	<i>BUCKLEYS CHEST CONGESTION</i>	132	<i>calcipotriene external solution</i>	60
<i>blisovi fe 1.5/30</i>	97	<i>budesonide inhalation</i>	129	<i>calcitonin (salmon) nasal</i>	109
<i>blisovi fe 1/20</i>	97	<i>budesonide oral</i>	109	<i>calcitriol external</i>	60
<i>BLOOD GLUCOSE TEST STRIPS</i>	64	<i>budesonide-formoterol fumarate</i>	139	<i>calcitriol oral capsule</i>	109
BONINE	24	<i>bumetanide oral</i>	51	<i>calcitriol oral solution</i>	109
BOOSTRIX	107	<i>buprenorphine</i>	6	<i>calcium + vitamin d3 oral tablet 500-5 mg-</i>	
<i>boro-packs</i>	62	<i>buprenorphine hcl sublingual</i>	8	<i>mcg</i>	68
<i>bosentan</i>	131	<i>buprenorphine hcl-naloxone hcl</i>	14	<i>calcium 500/vitamin d3</i>	68
BOSULIF	117	<i>bupropion hcl er (smoking det)</i>	15	<i>calcium 600 oral tablet 1500 (600 ca) mg</i>	150

<i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i>	68	<i>calcium oral tablet 1500 (600 ca) mg</i>	150	<i>CARESENS CONTROL SOLUTION A/B</i> ..	64
<i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	68	<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	150	<i>CARESTART COVID-19 HOME TEST</i> ...	112
<i>calcium 600/vitamin d</i>	68	<i>calcium plus vitamin d</i>	68	<i>CARETOUCH CONTROL SOL LEVEL 2</i> ..	64
<i>calcium 600/vitamin d-3</i>	68	<i>calcium plus vitamin d3</i>	69	<i>CARETOUCH HYPODERMIC NEEDLE 25G X 5/8</i>	109
<i>calcium 600+d oral tablet 600-10 mg-mcg</i>	68	<i>calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg</i>	150	<i>carglumic acid</i>	66
<i>calcium 600+d oral tablet 600-5 mg-mcg</i>	150	<i>calcium/minerals/vitamin d</i>	69	<i>carteolol hcl</i>	120
<i>calcium acetate (phos binder)</i>	71	<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg</i>	69	<i>cartia xt</i>	50
<i>calcium acetate oral tablet 667 mg</i>	71	<i>cal-gest antacid</i>	82	<i>carvedilol</i>	49
<i>calcium antacid ex st oral tablet chewable 750 mg</i>	82	<i>CALQUENCE</i>	111	<i>CASTIVA WARMING</i>	112
<i>calcium antacid extra strength</i>	82	<i>camila</i>	102	<i>CAYA</i>	112
<i>calcium antacid oral tablet chewable 500 mg</i>	82	<i>camrese</i>	97	<i>CAYSTON</i>	130
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	68	<i>camrese lo</i>	97	<i>cefaclor oral capsule</i>	17
<i>calcium carbonate antacid oral suspension</i>	82	<i>CANASA</i>	108	<i>cefadroxil</i>	17
<i>calcium carbonate antacid oral tablet</i>	82	<i>capecitabine</i>	33	<i>cefdinir</i>	17
<i>calcium carbonate antacid oral tablet chewable</i>	82	<i>CAPLYTA</i>	36	<i>cefixime oral capsule</i>	17
<i>calcium carbonate oral tablet 1500 (600 ca) mg</i>	150	<i>CAPRELSA</i>	117	<i>cefipodoxime proxetil oral tablet</i>	17
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	150	<i>capsaicin external cream 0.025 %</i>	111	<i>cefprozil</i>	17
<i>calcium cit plus vit d-3</i>	68	<i>capsaicin external cream 0.1 %</i>	111	<i>cefuroxime axetil</i>	17
<i>calcium citrate + d3 maximum</i>	68	<i>capsaicin hp</i>	111	<i>celecoxib oral</i>	5
<i>calcium citrate +d3</i>	68	<i>capsaicin pain relief</i>	111	<i>CELEXA</i>	23
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	68	<i>captopril oral</i>	48	<i>CENTRUM SPECIALIST PRENATAL</i>	72
<i>calcium citrate plus vit d</i>	68	<i>captopril-hydrochlorothiazide</i>	51	<i>cephalexin oral capsule 250 mg, 500 mg</i> ..	17
<i>calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	68	<i>CAPZASIN-HP</i>	111	<i>cephalexin oral suspension reconstituted</i> ..	17
<i>calcium citrate+d3 oral tablet</i>	68	<i>capzix</i>	111	<i>CEQUA</i>	119
<i>calcium citrate+d3 w/magne</i>	68	<i>CARAC</i>	60	<i>CERDELGA</i>	93
<i>calcium citrate-vit d</i>	68	<i>carbamazepine er</i>	21	<i>cerovel</i>	63
<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	68	<i>carbamazepine oral</i>	21	<i>cerovite jr</i>	150
<i>calcium fast dissolution</i>	150	<i>carbidopa oral</i>	35	<i>cetiri-d</i>	136
<i>calcium high potency</i>	150	<i>carbidopa-levodopa er</i>	35	<i>cetirizine allergy relief</i>	127
<i>calcium high potency/vitamin d</i>	68	<i>carbidopa-levodopa oral tablet</i>	35	<i>cetirizine hcl oral solution 1 mg/ml</i>	127
		<i>carboxymethylcellulose sodium ophthalmic solution</i>	121	<i>cetirizine hcl oral tablet</i>	127
		<i>CAREPOINT POLY HUB NEEDLE 18G X 1</i>	46	<i>cetirizine-pseudoephedrine er</i>	136
		<i>CAREPOINT POLY HUB NEEDLE 25G X 5/8</i>	109	<i>CETRAXAL</i>	125
		<i>CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8</i>	109	<i>charlotte 24 fe</i>	97
				<i>chateal eq</i>	97
				<i>CHEMET</i>	71
				<i>CHEMSTRIP 10 MD</i>	64
				<i>CHEMSTRIP 10/SG</i>	64
				<i>CHEMSTRIP 2 GP</i>	64
				<i>CHEMSTRIP 5 OB</i>	64

CHEMSTRIP 7	64	<i>chlorzoxazone oral tablet 500 mg</i>	148	CLEARCANAL EARWAX SOFTENER ...	125
CHEMSTRIP 9	64	CHOLBAM	93	CLEARDETECT COVID-19 AG HOME...	112
CHEMSTRIP K.....	64	<i>cholestyramine light oral powder</i>	52	<i>clearlax oral powder 17 gm/scoop</i>	88
CHEMSTRIP UGK	64	<i>cholestyramine oral powder</i>	52	<i>clearskin</i>	112
<i>chest congest/cough child</i>	141	CHORIONIC GONADOTROPIN		<i>clemastine fumarate oral syrup</i>	127
<i>chest congestion relief child</i>	132	INTRAMUSCULAR	95	<i>clemastine fumarate oral tablet 2.68 mg</i> .	127
<i>chest congestion relief dm oral syrup</i>	141	CIBINQO.....	63	CLENPIQ.....	78
<i>chest congestion relief oral liquid</i>	132	<i>ciclodan</i>	61	CLIMARA.....	97
<i>chest congestion relief oral tablet</i>	132	<i>ciclopirox external solution</i>	61	CLIMARA PRO	97
<i>chewable c</i>	150	<i>cilostazol</i>	47	<i>clindacin etz external swab</i>	61
<i>chewable c with rose hips</i>	150	CIMDUO	39	<i>clindacin-p</i>	61
<i>chewable childrens vitamin</i>	150	<i>cimetidine oral tablet 200 mg</i>	78	<i>clindamycin hcl oral capsule 150 mg, 300</i>	
<i>chewy not chalky flavor</i>	82	<i>cimetidine oral tablet 300 mg, 400 mg, 800</i>		<i>mg</i>	16
<i>childrens acetaminophen</i>	9	<i>mg</i>	78	<i>clindamycin palmitate hcl</i>	16
<i>childrens allergy oral liquid 12.5 mg/5ml</i> .	127	CIMZIA SUBCUTANEOUS PREFILLED		<i>clindamycin phosphate external gel</i>	61
<i>childrens animal shapes</i>	150	SYRINGE KIT 2 X 200 MG/ML, 6 X 200		<i>clindamycin phosphate external lotion</i>	61
<i>childrens apap</i>	10	MG/ML	106	<i>clindamycin phosphate external solution</i> ...	61
<i>childrens aspirin oral tablet chewable 81 mg</i>		CIMZIA VIAL KIT	106	<i>clindamycin phosphate external swab</i>	61
.....	112	<i>cinacalcet hcl</i>	109	<i>clindamycin phosphate vaginal</i>	16
<i>childrens chewable vitamins</i>	150	CIPRO HC	125	CLINDESSE	16
<i>childrens chewables/ex c</i>	150	CIPRO ORAL SUSPENSION		CLINERE EARWAX REMOVAL KIT OTIC	
<i>childrens chewables/iron</i>	150	RECONSTITUTED	18	SOLUTION	125
<i>childrens cold & allergy</i>	141	<i>ciprofloxacin hcl ophthalmic</i>	119	CLINITEST RAPID COVID-19 TEST KIT IN	
<i>childrens complete oral tablet chewable 18</i>		<i>ciprofloxacin hcl oral</i>	18	VITRO.....	112, 112
<i>mg</i>	150	<i>ciprofloxacin-dexamethasone</i>	125	<i>clobazam</i>	21
<i>childrens cough</i>	141	<i>citalopram hydrobromide oral solution</i>	23	<i>clobetasol prop emollient base</i>	58
<i>childrens loratadine</i>	138	<i>citalopram hydrobromide oral tablet</i>	23	<i>clobetasol propionate e</i>	58
<i>childrens mucus relief cough</i>	141	<i>citroma</i>	90	<i>clobetasol propionate external cream</i>	58
<i>childrens non-aspirin</i>	10	CITRUCEL.....	90	<i>clobetasol propionate external ointment</i>	58
<i>childrens silapap</i>	10	<i>claravis</i>	57	<i>clobetasol propionate external solution</i>	58
<i>childrens soothe</i>	83	<i>clarithromycin er</i>	18	CLOBEX	58
<i>childrens vitamins/extra c</i>	150	<i>clarithromycin oral</i>	18	CLOBEX SPRAY.....	58
<i>childrens vitamins/iron</i>	150	CLARITIN ALLERGY CHILDRENS	138	<i>clomipramine hcl oral</i>	24
<i>childs non-aspirin</i>	10	CLARITIN ORAL TABLET	138	<i>clonazepam oral tablet</i>	41
<i>chlordiazepoxide hcl</i>	41	CLARITIN REDITABS JUNIORS.....	138	<i>clonidine hcl oral</i>	48
<i>chlorhexidine gluconate mouth/throat</i>	56	CLARITIN REDITABS ORAL TABLET		<i>clopidogrel bisulfate oral</i>	47
<i>chloroquine phosphate oral</i>	33	DISPERSIBLE 10 MG.....	138	<i>clorazepate dipotassium</i>	41
<i>chlorpheniramine maleate er</i>	138	CLARITIN-D 12 HOUR	141	<i>clotrimazole 3</i>	27
<i>chlorpromazine hcl oral tablet</i>	35	CLARITIN-D 24 HOUR	141	<i>clotrimazole 7</i>	27
<i>chlorthalidone</i>	51	<i>classic prenatal</i>	72	<i>clotrimazole external cream 1 %</i>	61
CHLOR-TRIMETON ALLERGY.....	138	<i>c-lax laxative</i>	112	<i>clotrimazole external solution 1 %</i>	61

<i>clotrimazole mouth/throat troche 10 mg</i> 25	<i>complete allergy medicine oral capsule</i> .. 127	<i>cough dm childrens oral suspension</i>
<i>clotrimazole vaginal</i> 27	<i>complete allergy relief</i> 127	<i>extended release 30 mg/5ml</i> 142
<i>clotrimazole vaginal cream 1 %</i> 27	COMPLETE NATAL DHA..... 72	<i>cough dm er</i> 142
<i>clotrimazole-betamethasone</i> 60	<i>compro</i> 24	<i>cough dm oral suspension extended release</i>
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	COMTAN 34	<i>30 mg/5ml</i> 142
..... 37	CO-NATAL FA..... 72	<i>cough relief oral syrup 15 mg/5ml</i> 132
<i>clozapine oral tablet 200 mg</i> 37	CONCERTA..... 53	<i>cough/cold hbp</i> 132
CLOZARIL ORAL TABLET 100 MG, 25 MG,	CONDOMS 112	COVID-19 AT HOME ANTIGEN TEST ... 112
50 MG 37	<i>constulose</i> 77	COVID-19 AT HOME TEST KIT..... 112
CLOZARIL ORAL TABLET 200 MG 37	CONTOUR NEXT EZ KIT W/DEVICE 64	COVID-19 AT-HOME TEST KIT IN VITRO
<i>codeine sulfate oral tablet 30 mg, 60 mg</i> 7	CONTOUR NEXT GEN MONITOR KIT... 64	..... 112, 112
COLACE 90	CONTOUR NEXT GEN TEST STRIPS ... 65	CREON..... 93
COLAZAL..... 108	CONTOUR NEXT MONITOR KIT	CRESEMBA ORAL CAPSULE 186 MG ... 25
<i>colchicine oral capsule</i> 28	W/DEVICE..... 64	CRESTOR 52
<i>colchicine oral tablet</i> 28	CONTOUR NEXT ONE KIT..... 64	<i>critic-aid clear af</i> 27
COLCRYS..... 28	CONTOUR TEST STRIPS 65	<i>cromolyn sodium inhalation</i> 130
<i>cold & allergy</i> 141	COOL MIST HUMIDIFER 112	<i>cromolyn sodium nasal</i> 140
<i>cold & allergy childrens oral elixir 1-15</i>	COOL MIST HUMIDIFIER 112	<i>cromolyn sodium ophthalmic</i> 119
<i>mg/5ml</i> 141	COPAXONE 56	CROTAN 61
<i>cold & cough childrens oral liquid 1-5-2.5</i>	COPIKTRA 31	CRUEX PRESCRIPTION STRENGTH 27
<i>mg/5ml, 2.5-1-5 mg/5ml</i> 141	CORICIDIN HBP COUGH/COLD 132	<i>cryselle-28</i> 98
<i>cold & sinus</i> 141	CORLANOR 50	CUPRIMINE 94
<i>cold & sinus relief oral tablet 30-200 mg</i> . 141	<i>corn & callus remover</i> 112	<i>curae</i> 103
<i>cold/cough</i> 141	<i>corn and callus remover</i> 112	<i>cyanocobalamin injection solution 1000</i>
<i>cold/cough childrens</i> 142	CORTIFOAM 109	<i>mcg/ml</i> 152
<i>cold/cough dm childrens oral liquid 2.5-1-5</i>	<i>cortisone maximum strength external cream</i>	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>
<i>mg/5ml</i> 142	..... 58	..... 148
<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml</i> 142	CORTROPHIN..... 95	<i>cyclopentolate hcl ophthalmic</i> 119
<i>col-rite oral capsule 250 mg</i> 90	COSENTYX SUBCUTANEOUS SOLUTION	<i>cyclophosphamide oral capsule</i> 30
COMBIGAN 119	AUTO-INJECTOR 150 MG/ML..... 105	CYCLOPHOSPHAMIDE ORAL TABLET .. 30
COMBIPATCH 97	COSENTYX SUBCUTANEOUS SOLUTION	<i>cycloserine oral</i> 29
COMBIVENT RESPIMAT 139	PREFILLED SYRINGE 150 MG/ML, 75	<i>cyclosporine modified</i> 106
COMETRIQ (100 MG DAILY DOSE)..... 117	MG/0.5ML 105	<i>cyclosporine oral</i> 106
COMETRIQ (140 MG DAILY DOSE)..... 117	COSENTYX UNOREADY 105	CYMBALTA 55
COMETRIQ (60 MG DAILY DOSE)..... 117	COSOPT..... 119	<i>cyproheptadine hcl oral</i> 127
<i>comfort gel</i> 83	COSOPT PF 119	<i>cyred eq</i> 98
<i>comfort gel antacid anti-gas oral suspension</i>	COTELLIC 31	CYSTAGON 93
<i>400-400-40 mg/5ml</i> 83	<i>cough & chest congestion</i> 142	CYSTARAN 119
COMIRNATY 112	<i>cough & cold</i> 132	D
COMPLERA..... 39	<i>cough & cold hbp</i> 132	<i>d3 high potency oral capsule 25 mcg (1000</i>
<i>complete allergy</i> 127	<i>cough childrens</i> 142	<i>ut)</i> 72

<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i>	72
<i>d3 oral capsule 125 mcg (5000 ut)</i>	72
<i>d3 oral capsule 25 mcg (1000 ut)</i>	72
<i>d-3-5</i>	72
<i>d3-50</i>	72
<i>daily acne wash</i>	112
<i>daily fiber oral capsule 0.52 gm</i>	88
<i>daily multiple vitamins</i>	72
<i>daily multivitamins/iron</i>	150
<i>daily vitamins</i>	72
<i>daily vite</i>	72
<i>daily vites</i>	72
<i>daily-vite</i>	72
<i>dalfampridine er</i>	55
<i>danazol oral</i>	96
<i>dantrolene sodium oral</i>	37
<i>dapsone oral</i>	29
<i>DAPTACEL</i>	107
<i>darunavir</i>	113
<i>dasetta 1/35</i>	98
<i>dasetta 7/7/7</i>	98
<i>DAURISMO</i>	31
<i>DAYHIST ALLERGY 12 HOUR RELIEF</i>	127
<i>daysee</i>	98
<i>DAYTRANA</i>	53
<i>DAYVIGO</i>	148
<i>deblitane</i>	102
<i>DECARA ORAL CAPSULE 1.25 MG (50000 UT)</i>	72
<i>DECARA ORAL CAPSULE 625 MCG (25000 UT)</i>	73
<i>deep sea nasal spray</i>	132
<i>deferasirox</i>	71
<i>deferasirox granules</i>	71
<i>DELSTRIGO</i>	39
<i>DELSYM CGH/CHEST CONG DM CHILD</i>	142
<i>DELSYM COUGH CHILDRENS</i>	142
<i>DELSYM COUGH/CHEST CONGEST DM</i>	142

<i>DELSYM ORAL SUSPENSION EXTENDED RELEASE</i>	142
<i>delyla</i>	98
<i>DELZICOL</i>	108
<i>DENGVAXIA</i>	108
<i>DENTA 5000 PLUS</i>	66
<i>DENTAGEL</i>	66
<i>DEPEN TITRATABS</i>	94
<i>DEPO-ESTRADIOL</i>	98
<i>DEPO-SUBQ PROVERA 104</i>	102
<i>DERMELEVE ADVANCED FORMULA</i> ..	113
<i>DERMELEVE ANTI-ITCH SCALP</i>	113
<i>DESCOVY</i>	39
<i>DESENEX EXTERNAL POWDER</i>	27
<i>DESENEX JOCK ITCH</i>	27
<i>desgen dm oral liquid</i>	136
<i>desipramine hcl oral</i>	24
<i>desmopressin ace spray refig</i>	95
<i>desmopressin acetate oral</i>	95
<i>desmopressin acetate spray</i>	95
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	98
<i>DETROL</i>	93
<i>DETROL LA</i>	93
<i>dexamethasone intensol</i>	95
<i>dexamethasone oral elixir</i>	95
<i>dexamethasone oral solution</i>	95
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg</i>	95
<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>	95
<i>dexamethasone sodium phosphate ophthalmic</i>	120
<i>DEXCOM G6 RECEIVER</i>	65
<i>DEXCOM G6 SENSOR</i>	65
<i>DEXCOM G6 TRANSMITTER</i>	113
<i>DEXCOM G7 RECEIVER</i>	65
<i>DEXCOM G7 SENSOR</i>	65
<i>dexmethylphenidate hcl</i>	54
<i>dexmethylphenidate hcl er</i>	54
<i>dextroamphetamine sulfate er</i>	55

<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	55
<i>dextromethorphan polistirex er</i>	142
<i>dextromethorphan-guaifenesin oral syrup</i>	142
<i>DHIVY</i>	35
<i>DIACOMIT</i>	22
<i>DIALYVITE 800 ORAL TABLET</i>	73
<i>DIALYVITE VITAMIN D 5000</i>	73
<i>diamode</i>	77
<i>diaper rash external ointment</i>	62
<i>diarrhea</i>	83
<i>diarrhea relief</i>	83
<i>DIATRUST COVID-19 HOME TEST</i>	113
<i>diazepam oral solution</i>	41
<i>diazepam oral tablet</i>	41
<i>diazepam rectal gel 10 mg, 20 mg</i>	21
<i>diazepam rectal gel 2.5 mg</i>	21
<i>dibromm childrens cold/cgh</i>	142
<i>diclofenac potassium oral tablet 50 mg</i>	5
<i>diclofenac sodium er</i>	5
<i>diclofenac sodium external gel 1 %</i>	5
<i>diclofenac sodium external solution 1.5 %</i> ..	5
<i>diclofenac sodium ophthalmic</i>	120
<i>diclofenac sodium oral</i>	5
<i>dicloxacillin sodium</i>	18
<i>dicyclomine hcl oral</i>	77
<i>DIFFERIN EXTERNAL CREAM</i>	57
<i>DIFFERIN EXTERNAL GEL 0.1 %</i>	57
<i>DIFFERIN EXTERNAL GEL 0.3 %</i>	57
<i>DIFICID</i>	18
<i>DIFLUCAN</i>	25
<i>digestive probiotic oral capsule</i>	83
<i>digestive probiotic oral capsule 250 mg</i>	83
<i>digoxin oral solution</i>	51
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	51
<i>dihydroergotamine mesylate injection</i>	28
<i>DILANTIN ORAL CAPSULE 30 MG</i>	21
<i>diltiazem hcl er beads</i>	50
<i>diltiazem hcl er coated beads</i>	50

<i>diltiazem hcl er oral capsule extended release 12 hour</i>	50	<i>dofetilide</i>	49	DULERA	139
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	50	<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	22	<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	55
<i>diltiazem hcl oral</i>	50	<i>donepezil hcl oral tablet 23 mg</i>	22	DUOBRII	60
<i>dilt-xr</i>	50	DOPTELET	47	DUOPA	35
<i>dimaphen dm cold/cough</i>	142	<i>DORAL</i>	41	DUPIXENT	105
<i>dimethyl fumarate oral</i>	55	<i>dorzolamide hcl solution 2 % ophthalmic</i>	121	<i>DUREX EXTRA SENSITIVE THIN</i>	113
<i>dimethyl fumarate starter pack</i>	56	<i>DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC</i>	121	<i>D-VI-SOL</i>	73
<i>diotame instydose</i>	83	<i>dorzolamide hcl-timolol mal</i>	119	<i>d-vite pediatric</i>	73
DIPENTUM	108	<i>dotti</i>	98	DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	55
<i>diphedryl allergy</i>	127	<i>double antibiotic external ointment 500-10000 unit/gm</i>	113	DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	55
<i>diphen</i>	127	DOVATO	38	DYMISTA	126
<i>diphenhydramine hcl childrens</i>	127	<i>doxazosin mesylate oral</i>	48	E	
<i>diphenhydramine hcl oral</i>	128	<i>doxepin hcl external</i>	58	<i>e 152</i>	
<i>diphenoxylate-atropine</i>	77	<i>doxepin hcl oral capsule</i>	24	<i>E.E.S. 400</i>	18
<i>dipyridamole oral</i>	47	<i>doxepin hcl oral concentrate</i>	24	<i>e-400-clear</i>	152
<i>disopyramide phosphate</i>	49	<i>doxepin hcl oral tablet</i>	148	<i>ear drops</i>	125
<i>disulfiram oral tablet 250 mg</i>	14	<i>doxycycline hyclate oral capsule</i>	18	<i>ear wax kit</i>	125
<i>disulfiram oral tablet 500 mg</i>	14	<i>doxycycline hyclate oral tablet 100 mg</i>	18	<i>ear wax removal</i>	125
DIURIL	51	<i>doxycycline monohydrate oral capsule 100 mg</i>	19	<i>ear wax removal system</i>	125
<i>divalproex sodium er</i>	42	<i>doxycycline monohydrate oral capsule 50 mg</i>	19	<i>earwax removal</i>	125
<i>divalproex sodium oral capsule delayed release sprinkle</i>	42	DR SMITHS ADULT BARRIER EXTERNAL OINTMENT 10 %	62	<i>earwax removal drops</i>	125
<i>divalproex sodium oral tablet delayed release</i>	42	DR SMITHS DIAPER	62	<i>earwax removal kit</i>	125
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	97	<i>driminate</i>	24	<i>EASIVENT</i>	113
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM	97	<i>dronabinol</i>	25	<i>EASIVENT MASK LARGE</i>	113
<i>dm maximum adult</i>	142	DROPSAFE ALCOHOL PREP	113	<i>EASIVENT MASK MEDIUM</i>	113
<i>docosanol external</i>	63	<i>drospirenone-ethinyl estradiol</i>	98	<i>EASIVENT MASK SMALL</i>	113
<i>docusate calcium</i>	90	DROXIA ORAL CAPSULE 200 MG, 300 MG	47	<i>easygel</i>	67
<i>docusate mini</i>	90	DROXIA ORAL CAPSULE 400 MG	47	<i>easy-lax plus</i>	90
<i>docusate sodium oral capsule</i>	90	<i>droxidopa oral capsule 100 mg</i>	48	EASYMAX 15 LEVEL 2 CONTROL	65
<i>docusate sodium oral liquid</i>	90	<i>dry eye relief ophthalmic gel 0.4-0.3 %</i>	121	EASYMAX 15 LEVEL 2-3 CONTROL	65
<i>docusate sodium oral syrup</i>	90	<i>dry-eye relief nighttime</i>	121	<i>ec-naproxen</i>	5
DOCUSOL MINI	90	<i>dss</i>	90	<i>econtra one-step</i>	103
<i>docuzen</i>	90	DUAKLIR PRESSAIR	139	ED A-HIST ORAL LIQUID	136
DODEX	152	DUAVEE	98	<i>ed bron gp</i>	132
		DUEXIS	5	<i>ed chlorped jr</i>	138
				<i>ed-apap</i>	10
				EDARBI	48
				EDARBYCLOR	50

EDLUAR	148	<i>enema ready-to-use</i>	83	ESBRIET	131
EDURANT	39	<i>enema rectal enema 16-6 gm/133ml, 19-7</i>		<i>escitalopram oxalate oral tablet</i>	23
<i>efavirenz</i>	39	<i>gm/118ml</i>	83	<i>esomeprazole magnesium oral packet</i>	79
<i>efavirenz-emtricitab-tenofo df</i>	39	ENEMEEZ MINI	90	<i>essential one daily</i>	73
<i>efavirenz-lamivudine-tenofovir</i>	39	ENFAMIL ENFALYTE	69	<i>essentials</i>	73
<i>effer-k oral tablet effervescent 25 meq</i>	150	ENFAMIL EXPECTA	73	<i>estarylla</i>	98
EFFIENT	47	ENGERIX-B	107	<i>estazolam</i>	148
EFUDEX	60	<i>enilloring</i>	98	ESTRACE.....	97
EGRIFTA SV	96	<i>enoxaparin sodium</i>	46	<i>estradiol oral</i>	98
<i>electrolyte solution</i>	69	<i>enpresse-28</i>	98	<i>estradiol transdermal gel 0.25 mg/0.25gm,</i>	
ELESTRIN	97	<i>enskyce</i>	98	<i>0.75 mg/0.75gm, 1.25 mg/1.25gm</i>	97
<i>elinest</i>	98	ENSPRYNG.....	106	<i>estradiol transdermal gel 0.5 mg/0.5gm, 1</i>	
ELIQUIS	46	ENSTILAR	60	<i>mg/gm</i>	97
ELIQUIS DVT/PE STARTER PACK	46	<i>entacapone</i>	34	<i>estradiol transdermal patch twice weekly</i> ..	98
<i>elixophyllin</i>	130	<i>entecavir</i>	37	<i>estradiol transdermal patch weekly</i>	98
ELLA	102	<i>enteric aspirin</i>	113	<i>estradiol vaginal</i>	98
ELLUME COVID-19 HOME TEST	113	ENTRESTO	51	<i>eszopiclone</i>	148
ELMIRON.....	94	<i>enulose</i>	77	<i>ethambutol hcl oral tablet 100 mg</i>	29
<i>eluryng</i>	98	EPCLUSA	38	<i>ethambutol hcl oral tablet 400 mg</i>	29
ELYXYB	5	<i>ephrine nose drops</i>	132	<i>ethosuximide oral</i>	20
EMEND ORAL	25	EPIDIOLEX.....	20	<i>ethynodiol diac-eth estradiol</i>	98
EMETROL ORAL SOLUTION.....	25	EPIDUO.....	57	<i>etodolac</i>	5
EMFLAZA ORAL SUSPENSION	95	EPIDUO FORTE.....	57	<i>etonogestrel-ethinyl estradiol</i>	98
EMGALITY	28	<i>epinephrine injection solution auto-injector</i>		<i>etoposide oral</i>	31
EMGALITY (300 MG DOSE).....	28	.....	130	<i>etravirine</i>	39
EMPAVELI	110	EPIPEN 2-PAK	129	EUCRISA.....	58
<i>emtricitabine</i>	39	EPIPEN JR 2-PAK.....	129	EULEXIN	30
<i>emtricitabine-tenofovir df</i>	39	<i>epitol</i>	21	<i>euthyrox</i>	103
EMTRIVA ORAL SOLUTION.....	39	EPOGEN	46	EVAC.....	88
EMVERM	33	<i>ergocalciferol oral</i>	150	EVAMIST	97
<i>enalapril maleate oral solution</i>	48	ERIVEDGE	31	EVEKEO.....	55
<i>enalapril maleate oral tablet</i>	48	ERLEADA	30	EVEKEO ODT	55
<i>enalapril-hydrochlorothiazide</i>	51	<i>erlotinib hcl</i>	117	<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75</i>	
ENBREL.....	106	ERMEZA.....	103	<i>mg, 1 mg</i>	106
ENDACOF-DM.....	142	<i>errin</i>	102	<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg,</i>	
ENDARI	66	ERYTHROCIN STEARATE	18	<i>7.5 mg</i>	31
<i>endocet oral tablet 10-325 mg, 5-325 mg,</i>		<i>erythromycin base oral</i>	18	<i>everolimus oral tablet soluble</i>	31
<i>7.5-325 mg</i>	7	<i>erythromycin ethylsuccinate oral</i>	18	EVISTA.....	103
<i>enema</i>	83	<i>erythromycin external</i>	61	EVOTAZ	40
<i>enema disposable</i>	83	<i>erythromycin ophthalmic</i>	119	EXCEDRIN EXTRA STRENGTH	10
<i>enema mineral oil</i>	88	<i>erythromycin oral</i>	18	EXCEDRIN MIGRAINE	10

EXELON	22	fenofibrate oral tablet 145 mg, 48 mg	52	fiber laxative + calcium	90
exemestane	31	fenofibrate oral tablet 160 mg, 54 mg	52	fiber laxative oral capsule 0.52 gm	88
EXKIVITY	31	FENOGLIDE	52	fiber laxative oral tablet 500 mg	90
EX-LAX MAXIMUM STRENGTH	90	FENSOLVI (6 MONTH)	104	fiber oral capsule 0.52 gm	88
EX-LAX ULTRA	113	fentanyl transdermal patch 72 hour 100		fiber oral powder 28.3 %	88
EXTAVIA	56	mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,		fiber oral powder 48.57 %	88
eye drops advanced relief	121	75 mcg/hr	7	fiber oral powder 58.6 %	89
eye drops long lasting	121	ferate	69	fiber oral tablet 500 mg	91
eye drops ophthalmic solution 0.05 %	121	FER-IN-SOL	69	fiber oral tablet 625 mg	91
eye drops ophthalmic solution 0.05-0.1-1-1		ferocon	69	fiber therapy oral capsule 0.52 gm	89
%	121	ferosul	69	fiber therapy oral powder 28.3 %	89
eye drops ophthalmic solution 0.05-0.25 %		ferotinsic	69	fiber therapy oral tablet 500 mg	91
.....	122	ferretts	69	fiber therapy oral tablet 625 mg	91
eye irritation relief drops	122	ferrex 150 capsule 150 mg oral	69	fiber-caps	91
eye itch relief ophthalmic solution 0.035 %		FERREX 150 CAPSULE 150 MG ORAL ..	69	fiber-lax	91
.....	125	FERRIC X-150	69	FINACEA	57
eye lubricant	122	FERRIPROX TWICE-A-DAY	71	finasteride oral tablet 5 mg	94
EYSUVIS	120	ferrous fumarate oral tablet 324 (106 fe) mg,		finolimod hcl	56
ezetimibe	52	324 mg	69	FINTEPLA	20
EZFE 200	69	ferrous gluconate oral tablet 240 (27 fe) mg		finzala	98
F		.....	69	first aid antibiotic external ointment 3.5-400-	
falmina	98	ferrous gluconate oral tablet 324 (37.5 fe)		5000 , 3.5-400-5000 mg-unit	19
famotidine acid reducer oral tablet 10 mg .	78	mg	69	first aid antiseptic external solution 10 % ..	19
famotidine oral suspension reconstituted ..	78	ferrous gluconate oral tablet 324 (38 fe) mg		FIRVANQ	16
famotidine oral tablet	78	.....	69	FLAGYL	16
famotidine orig st	78	ferrous sulfate oral solution 75 (15 fe) mg/ml		FLAREX	120
FANAPT	36	.....	69	flecainide acetate	49
FANAPT TITRATION PACK	36	ferrous sulfate oral tablet 325 (65 fe) mg ..	69	FLECTOR	5
FARXIGA	42	ferrous sulfate oral tablet delayed release	69	FLEET BISACODYL	113
FASENRA PEN	131	FETZIMA	23	FLEET ENEMA	83
fast relief laxative	113	fever reducer/pain reliever	10	FLEET OIL	89
FASTEP COVID-19 ANTIGEN TEST	113	fever reducing childrens	10	FLEET PEDIATRIC	83
febuxostat	28	feverall adults	10	FLINTSTONES PLUS EXTRA IRON	150
felbamate oral suspension	20	feverall childrens	10	FLORA VANCE	83
felbamate oral tablet	20	FEVERALL INFANTS	10	floranex tablet oral	83
felodipine er	50	FEVERALL JUNIOR STRENGTH	10	FLORANEX TABLET ORAL	83
FEMRING	97	fe-vite iron	69	FLORASTOR	83
fenofibrate micronized oral capsule 134 mg,		fexofenadine hcl oral	138	FLOVENT DISKUS	128
200 mg, 67 mg	52	FIASP	44	FLOVENT HFA	128
fenofibrate oral capsule 134 mg, 200 mg, 67		FIASP FLEXTOUCH	44	FLOWFLEX COVID-19 AG HOME TEST	113
mg	52	FIASP PENFILL	44	FLUAD QUADRIVALENT	108

FLUARIX QUADRIVALENT.....	108	<i>fluvoxamine maleate</i>	23	<i>ft acid reducer oral capsule delayed release</i>	79
FLUBLOK QUADRIVALENT.....	108	FLUZONE HIGH-DOSE QUADRIVALENT	108	<i>ft acid reducer oral tablet</i>	78
FLUCELVAX QUADRIVALENT	108	FLUZONE QUADRIVALENT	108	<i>ft all day allergy</i>	128
<i>fluconazole oral</i>	25	FML FORTE	120	<i>ft all day allergy 24 hour</i>	128
<i>fludrocortisone acetate oral</i>	95	<i>foaming antacid oral tablet chewable 80-20</i>	83	<i>ft all day allergy relief</i>	138
FLULAVAL QUADRIVALENT	108	mg.....	83	<i>ft allergy relief 12 hour</i>	138
FLUMIST QUADRIVALENT.....	108	FOCALIN	53	<i>ft allergy relief 24 hour</i>	138
<i>fluocinolone acetonide body</i>	58	FOLAGENT DHA.....	150	<i>ft allergy relief childrens oral liquid</i>	128
<i>fluocinolone acetonide external cream 0.025</i>	59	FOLAMED DHA.....	151	<i>ft allergy relief oral capsule</i>	128
%.....	59	FOLCYTEINE	73	<i>ft allergy relief oral tablet 25 mg</i>	128
<i>fluocinolone acetonide external ointment</i> ..	59	<i>folic acid oral tablet 1 mg</i>	113	<i>ft antacid & antigas</i>	83
<i>fluocinolone acetonide external solution</i> ...	59	<i>folic acid oral tablet 400 mcg, 800 mcg</i> ..	113	<i>ft antacid extra strength</i>	83
<i>fluocinolone acetonide scalp</i>	59	<i>foltrin</i>	69	<i>ft antacid regular strength</i>	83
<i>fluocinonide emulsified base</i>	59	<i>foot & sneaker</i>	113	<i>ft antifungal external cream 1 %</i>	113
<i>fluocinonide external cream</i>	59	<i>foot care (terbinafine)</i>	27	<i>ft antifungal external cream 2 %</i>	27
<i>fluocinonide external solution</i>	59	<i>for sty relief</i>	122	<i>ft aspirin</i>	114
<i>fluoridex daily renewal</i>	67	FORFIVO XL	23	<i>ft aspirin low dose</i>	114
<i>fluorometholone</i>	120	FORMULA 3 THE TREATMENT	113	<i>ft athletes foot (terbinafine)</i>	27
<i>fluorouracil external cream 5 %</i>	60	FORMULA 7 THE SOLUTION.....	113	<i>ft chest congestion relief</i>	132
<i>fluorouracil external solution</i>	60	FORTEO.....	109	<i>ft children's pain/fever</i>	10
<i>fluoxetine hcl oral capsule</i>	23	FORTESTA.....	96	<i>ft clearlax</i>	89
<i>fluoxetine hcl oral solution</i>	23	FOSAMAX	109	<i>ft docosanol</i>	63
<i>fluphenazine decanoate injection</i>	35	FOSAMAX PLUS D	109	<i>ft earwax removal</i>	125
<i>fluphenazine hcl injection</i>	35	<i>fosamprenavir calcium</i>	40	<i>ft earwax removal kit</i>	126
<i>fluphenazine hcl oral concentrate</i>	35	<i>fosinopril sodium</i>	48	<i>ft enteric coated aspirin</i>	114
<i>fluphenazine hcl oral elixir</i>	35	<i>fosinopril sodium-hctz</i>	51	<i>ft fiber laxative</i>	91
<i>fluphenazine hcl oral tablet</i>	36	FREESTYLE LIBRE 14 DAY READER	65	<i>ft gas relief</i>	83
<i>flurbiprofen sodium</i>	120	FREESTYLE LIBRE 14 DAY SENSOR....	65	<i>ft gas relief extra strength</i>	83
FLUTICASONE FUROATE-VILANTEROL	139	FREESTYLE LIBRE 2 READER	65	<i>ft gas relief infants</i>	83
<i>fluticasone propionate external cream</i>	59	FREESTYLE LIBRE 2 SENSOR	65	<i>ft gas relief ultra strength</i>	84
<i>fluticasone propionate external ointment</i> ..	59	FREESTYLE LIBRE 3 SENSOR	65	<i>ft gentle laxative</i>	114
FLUTICASONE PROPIONATE HFA	129	FREESTYLE LIBRE READER	65	<i>ft ibuprofen oral tablet</i>	5
<i>fluticasone propionate nasal</i>	129	FREESTYLE PRECISION NEO TEST	65	<i>ft laxative</i>	114
<i>fluticasone-salmeterol inhalation aerosol</i>	139	FREESTYLE TEST.....	65	<i>ft magnesium citrate</i>	91
<i>powder breath activated 100-50 mcg/act,</i>	139	<i>freeze dried acidophilus</i>	83	<i>ft milk of magnesia</i>	84
<i>250-50 mcg/act, 500-50 mcg/act</i>	139	FRESKARO MAGNESIUM CITRATE.....	91	<i>ft mineral oil</i>	89
FLUTICASONE-SALMETEROL	139	FROVA	28	<i>ft motion sickness oral tablet 50 mg</i>	24
INHALATION AEROSOL POWDER	139	<i>fruity c</i>	151	<i>ft mucus relief 12hr oral tablet extended</i>	132
BREATH ACTIVATED 113-14 MCG/ACT,	139	<i>ft 8 hour pain relief</i>	10	<i>release 12 hour 1200 mg</i>	132
232-14 MCG/ACT, 55-14 MCG/ACT...	139			<i>ft mucus relief d 12 hour</i>	142

<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	142	<i>gas relief infants drops oral suspension 40 mg/0.6ml</i>	84	<i>gentle laxative</i>	114
<i>ft nasal decongestant max str</i>	143	<i>gas relief infants oral suspension 20 mg/0.3ml</i>	84	<i>gentle laxative womens</i>	114
<i>ft nasal decongestant pe</i>	132	<i>gas relief oral capsule 125 mg</i>	84	<i>gentlelax</i>	89
<i>ft pain relief</i>	10	<i>gas relief oral capsule 180 mg</i>	84	<i>genuine aspirin</i>	114
<i>ft pain relief adult extra st</i>	10	<i>gas relief oral tablet chewable 125 mg</i>	84	GENVOYA.....	38
<i>ft senna laxatives</i>	91	<i>gas relief oral tablet chewable 80 mg</i>	84	GEODON ORAL.....	36
<i>ft senna-s</i>	91	<i>gas relief ultra strength</i>	84	<i>geri-dryl</i>	128
<i>ft stomach relief oral suspension</i>	84	<i>gas relief ultstrength</i>	84	<i>geri-kot</i>	91
<i>ft stomach relief oral tablet chewable</i>	84	GAS-X EXTRA STRENGTH ORAL CAPSULE	84	<i>geri-lanta</i>	85
<i>ft stool softener oral capsule</i>	91	GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE	84	<i>geri-lanta maximum strength</i>	85
<i>ft stool softener oral tablet 50-8.6 mg</i>	91	GAS-X ULTRA STRENGTH	84	<i>geri-lanta supreme</i>	85
<i>ft tussin adult</i>	132	GATTEX	78	<i>geri-mox</i>	85
<i>ft tussin cf adult</i>	136	<i>gavilax oral powder</i>	89	<i>geri-tussin dm oral syrup</i>	143
<i>full spectrum b/vitamin c</i>	73	<i>gavilyte-c</i>	78	<i>geri-tussin oral liquid</i>	133
FULPHILA.....	47	<i>gavilyte-g</i>	78	GILENYA.....	56
<i>fungi-guard</i>	114	GAVISCON.....	84	GILOTRIF.....	117
FUROSCIX.....	51	GAVISCON EXTRA RELIEF FORMULA ..	84	<i>giltuss severe sinus</i>	143
<i>furosemide oral solution 10 mg/ml</i>	51	GAVISCON EXTRA STRENGTH	84	<i>glatiramer acetate</i>	56
<i>furosemide oral tablet</i>	51	GAVRETO.....	117	<i>glatopa</i>	56
FUZEON.....	40	<i>gefitinib</i>	117	GLEEVEC.....	117
<i>fyavolv oral tablet 0.5-2.5 mg-mcg</i>	97	GELUSIL.....	85	<i>glimepiride</i>	42
<i>fyavolv oral tablet 1-5 mg-mcg</i>	97	<i>gemfibrozil oral</i>	52	<i>glipizide er</i>	42
FYCOMPA.....	20	GEMTESA.....	37	<i>glipizide oral tablet 10 mg, 5 mg</i>	43
G		<i>generlac</i>	77	<i>glipizide xl</i>	43
<i>g tussin ac</i>	143	<i>gengraf oral capsule</i>	106	GLUCAGEN HYPOKIT.....	43
<i>gabapentin oral capsule</i>	21	GENOTROPIN.....	95	GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED.....	43
<i>gabapentin oral solution 250 mg/5ml</i>	21	GENOTROPIN MINIQUICK.....	95	<i>glucagon emergency kit 1 mg injection</i>	43
<i>gabapentin oral tablet 600 mg, 800 mg</i>	21	<i>gentamicin sulfate external</i>	61	GLUCAGON EMERGENCY KIT 1 MG INJECTION.....	43
<i>galantamine hydrobromide oral solution</i> ...	22	<i>gentamicin sulfate ophthalmic</i>	120	GLUCO TO GO.....	45
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	22	GENTEAL SEVERE.....	122	GLUCOSE CONTROL SOLUTIONS.....	65
<i>galantamine hydrobromide oral tablet 4 mg</i>	22	GENTEAL TEARS MODERATE PF	122	<i>glucose oral tablet chewable 4 gm</i>	45
GARDASIL 9.....	107	GENTEAL TEARS NIGHT-TIME	122	<i>glyburide micronized</i>	43
<i>gas relief extra strength oral capsule 125 mg</i>	84	GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	122	<i>glyburide oral</i>	43
<i>gas relief extra strength oral tablet chewable 125 mg</i>	84	GENTEAL TEARS SEVERE DAY/NIGHT	122	<i>glyburide-metformin</i>	43
<i>gas relief extstrength</i>	84			<i>glycerin (adult) rectal suppository 2 gm</i>	91
<i>gas relief infants</i>	84			<i>glycerin (infants & children) rectal suppository 1 gm</i>	91
				<i>glycerin adult rectal suppository 2 gm</i>	91

<i>glycerin child rectal suppository 1 gm, 1.2 gm</i>	91
<i>glycerin childrens</i>	91
<i>glycerin external</i>	62
<i>glycerin external liquid 99.5 %</i>	62
<i>glycerin pediatric rectal suppository 1.2 gm</i>	91
<i>glycolax</i>	89
<i>glycopyrrolate oral tablet 1 mg</i>	77
<i>glycopyrrolate oral tablet 2 mg</i>	77
GLYXAMBI	42
GOCOVRI	34
<i>gormel</i>	63
<i>gormel 10</i>	63
GRALISE ORAL TABLET 300 MG, 600 MG	55
GRANIX	47
<i>griseofulvin microsize oral</i>	25
<i>griseofulvin ultramicrosize</i>	25
<i>guaifenesin ac</i>	143
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg</i>	133
<i>guaifenesin oral liquid</i>	133
<i>guaifenesin oral tablet 400 mg</i>	133
<i>guaifenesin-codeine</i>	143
<i>guaifenesin-dm oral syrup</i>	143
<i>guanfacine hcl</i>	48
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 3 mg</i>	54
<i>guanfacine hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i>	54
GUARDIAN CONNECT TRANSMITTER	110
GUARDIAN LINK 3 TRANSMITTER	110
GUARDIAN SENSOR (3)	65
GUARDIAN SENSOR 3	65
GVOKE HYOPEN 1-PACK	43
GVOKE HYOPEN 2-PACK	43
GVOKE KIT	44
GVOKE PFS	44
GYNAZOLE-1	25

H

<i>habitrol</i>	15
HADLIMA	114
HADLIMA PUSH TOUCH	114
HAEGARDA	105
<i>hailey 1.5/30</i>	98
<i>hailey 24 fe</i>	98
<i>hailey fe 1.5/30</i>	98
<i>hailey fe 1/20</i>	98
HALCION	148
<i>halobetasol propionate external cream</i>	59
<i>haloette</i>	98
<i>haloperidol decanoate intramuscular</i>	36
<i>haloperidol oral</i>	36
HARVONI	38
HAVRIX	107
<i>headache formula</i>	10
<i>headache relief extra str</i>	10
<i>headache relief oral tablet 250-250-65 mg</i>	10
<i>healthy hair/skin/nails</i>	73
<i>heartburn antacid</i>	85
<i>heartburn antacid ex st</i>	85
<i>heartburn prevention oral tablet 10 mg</i>	78
<i>heartburn relief ex st</i>	85
<i>heartburn relief oral tablet 10 mg</i>	78
<i>heartburn relief oral tablet 200 mg</i>	78
<i>heartburn relief oral tablet chewable 160-105 mg</i>	85
<i>heartland gas relief</i>	85
<i>heather</i>	102
<i>h-e-b aspirin</i>	114
<i>h-e-b childrens allergy</i>	128
HELIDAC THERAPY	78
HEMANGEOL	49
HEMLIBRA	47
<i>hemorrhoidal rectal suppository 0.25-3-85.5 %</i>	63
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml</i>	46
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	46

<i>heparin sodium (porcine) injection solution prefilled syringe</i>	46
<i>heparin sodium (porcine) pf</i>	46
HEPLISAV-B	108
<i>her style</i>	103
<i>hi cal</i>	69
HIBERIX	107
<i>high potency probiotic</i>	85
HORIZANT	55
HUMALOG	44
HUMALOG JUNIOR KWIKPEN	44
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	44
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	44
HUMALOG MIX 50/50	44
HUMALOG MIX 50/50 KWIKPEN	44
HUMALOG MIX 75/25	44
HUMALOG MIX 75/25 KWIKPEN	44
HUMATIN	16
HUMATROPE	95
HUMIRA PEN-PEDIATRIC UC START	106
HUMIRA PEN-PSOR/UEIT STARTER	106
HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	106
HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	106
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	106
HUMULIN 70/30 KWIKPEN	44
HUMULIN 70/30 VIAL	44
HUMULIN N KWIKPEN	44
HUMULIN N VIAL	44
HUMULIN R U-500 KWIKPEN	44

HUMULIN R U-500 VIAL (CONCENTRATED).....	44	<i>hydrocortisone-aloë max st external cream 1 %</i>	60	<i>ibuprofen junior</i>	5
HUMULIN R VIAL.....	44	<i>hydrolatum</i>	62	<i>ibuprofen junior strength</i>	6
HYCANTIN ORAL.....	31	<i>hydromet</i>	114	<i>ibuprofen oral suspension 100 mg/5ml</i>	6
<i>hydralazine hcl oral</i>	53	<i>hydromorphone hcl oral</i>	7	<i>ibuprofen oral tablet 200 mg</i>	6
<i>hydrochlorothiazide oral capsule</i>	51	<i>hydromorphone hcl rectal</i>	7	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	6
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	52	<i>hydrophor</i>	62	<i>icatibant acetate</i>	105
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	52	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	33	<i>iclevia</i>	98
<i>hydrocodone bitartrate er oral capsule</i> <i>extended release 12 hour</i>	7	<i>hydroxyurea oral</i>	30	ICLUSIG.....	117
<i>hydrocodone bit-homatrop mbr</i>	114	<i>hydroxyzine hcl oral</i>	41	IDHIFA.....	31
<i>hydrocodone-acetaminophen oral solution</i> <i>7.5-325 mg/15ml</i>	7	<i>hydroxyzine pamoate oral</i>	41	<i>iferex 150</i>	69
<i>hydrocodone-acetaminophen oral tablet 10- 325 mg, 5-325 mg, 7.5-325 mg</i>	7	HYFTOR.....	110	<i>iferex 150 forte</i>	69
<i>hydrocortisone (perianal) external cream 2.5 %</i>	109	<i>hyoscyamine sulfate er</i>	114	IHEALTH COVID-19 RAPID TEST.....	114
<i>hydrocortisone anti-itch</i>	59	<i>hyoscyamine sulfate oral</i>	114	ILARIS.....	105
<i>hydrocortisone butyrate external ointment</i> 59		<i>hyoscyamine sulfate sl</i>	114	ILEVRO.....	120
<i>hydrocortisone butyrate external solution</i> . 59		<i>hyoscyamine sulfate sublingual</i>	114	ILUMYA.....	105
<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	59	<i>hyosyne</i>	114	<i>imatinib mesylate</i>	117
<i>hydrocortisone external cream 1 %</i>	59	HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %.....	143	IMBRUVICA.....	118
<i>hydrocortisone external lotion 2.5 %</i>	59	HYPERTET.....	108	<i>imipramine hcl oral</i>	24
<i>hydrocortisone external ointment 0.5 %</i>	59	HYPOTEARs.....	122	<i>imiquimod external cream 5 %</i>	60
<i>hydrocortisone external ointment 1 %</i>	59	HYSINGLA ER.....	7	IMITREX.....	28
<i>hydrocortisone external ointment 2.5 %</i>	59	I.....		IMODIUM A-D ORAL TABLET.....	77
<i>hydrocortisone max st external cream</i>	59	IBRANCE ORAL CAPSULE.....	31	IMODIUM MULTI-SYMP TOM RELIEF.....	85
<i>hydrocortisone max st/12 moist</i>	59	IBRANCE ORAL TABLET.....	31	INBRIJA.....	35
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	95	IBSRELA.....	77	<i>incassia</i>	102
<i>hydrocortisone plus 12 external cream 1 %</i>	59	<i>ibu-200</i>	5	INCRELEX.....	96
<i>hydrocortisone plus external cream 1 %</i> ... 59		<i>ibuprofen</i>	5	INCRUSE ELLIPTA.....	129
<i>hydrocortisone rectal enema 100 mg/60ml</i>	109	<i>ibuprofen childrens oral tablet chewable 100 mg</i>	5	<i>indapamide</i>	52
<i>hydrocortisone ultra-moisture</i>	59	<i>ibuprofen cold & sinus</i>	143	INDICAID COVID-19 RAPID TEST.....	114
<i>hydrocortisone/aloë</i>	60	<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	143	<i>indomethacin oral</i>	6
<i>hydrocortisone/aloë max str</i>	60	<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	143	<i>indoor/outdoor allergy rlf</i>	128
<i>hydrocortisone-acetic acid</i>	125	<i>ibuprofen ib childrens</i>	5	INFANRIX.....	107
		<i>ibuprofen ib oral tablet 200 mg</i>	5	<i>infant gas relief</i>	85
		<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	5	INFANTS ADVIL.....	6
		<i>ibuprofen jr oral tablet 100 mg</i>	5	<i>infants gas relief</i>	85
				<i>infants ibuprofen</i>	6
				<i>infants pain & fever</i>	10
				<i>infants pain relief drops</i>	10
				<i>infants pain/fever</i>	10
				INGREZZA.....	55
				INLYTA.....	118

INSPIREASE	114	<i>ipratropium bromide inhalation</i>	129	<i>jock itch spray powder</i>	114
INSPIREASE RESERVOIR BAGS	114	<i>ipratropium bromide nasal</i>	129	<i>jolessa</i>	99
<i>instacort 5</i>	60	<i>ipratropium-albuterol</i>	139	JORNAY PM	54
INSULIN ASPART	44	<i>irbesartan</i>	48	JUBLIA	61
INSULIN ASPART PROT & ASPART	44	IRESSA	117	<i>juleber</i>	99
INSULIN GLARGINE	44	<i>iron (ferrous sulfate) oral solution</i>	69	JULUCA	38
INSULIN GLARGINE SOLOSTAR	44	<i>iron infant/toddler</i>	70	<i>junel 1.5/30</i>	99
INSULIN GLARGINE-YFGN	45	<i>iron oral tablet 240 (27 fe) mg</i>	70	<i>junel 1/20</i>	99
INSULIN LISPRO	44	<i>iron oral tablet 325 (65 fe) mg</i>	70	<i>junel fe oral tablet 1.5-30 mg-mcg</i>	99
INSULIN LISPRO (1 UNIT DIAL)	44	<i>iron supplement childrens</i>	70	<i>junel fe oral tablet 1-20 mg-mcg</i>	99
INSULIN LISPRO JUNIOR KWIKPEN	44	ISENTRESS HD	38	<i>junel fe oral tablet 1-20 mg-mcg(24)</i>	99
INSULIN LISPRO PROT & LISPRO	44	ISENTRESS ORAL PACKET	38	JYNARQUE ORAL TABLET THERAPY	
INSULIN PEN NEEDLES	65	ISENTRESS ORAL TABLET	38	PACK 15 MG	71
INSULIN PEN NEEDLES 29G X 12.7MM		ISENTRESS ORAL TABLET CHEWABLE	38	K	
.....	110	<i>isibloom</i>	98	KALETRA	40
INSULIN PEN NEEDLES 29G X 12MM ,		<i>isoniazid oral</i>	29	<i>kalliga</i>	99
31G X 5 MM , 31G X 6 MM , 31G X 8 MM		<i>isosorbide dinitrate</i>	53	KALYDECO	130
.....	110	<i>isosorbide mononitrate</i>	53	KAOPECTATE ORAL SUSPENSION	85
INSULIN PEN NEEDLES 32G X 4 MM , 32G		<i>isosorbide mononitrate er</i>	53	KAPVAY	54
X 6 MM	65	<i>isotretinoin oral capsule 10 mg, 20 mg, 30</i>		<i>kariva</i>	99
INSULIN SYRINGES 28G X 1/2	110	mg, 40 mg	57	KATERZIA	50
INSULIN SYRINGES 29G X 1/2	110, 110	ISTALOL	120	KAZANO	43
INSULIN SYRINGES 30G X 1/2	110	<i>itraconazole oral</i>	26	<i>kelnor 1/35</i>	99
INSULIN SYRINGES 30G X 5/16	110	<i>ivermectin oral</i>	33	<i>kelnor 1/50</i>	99
INTELENCE ORAL TABLET 25 MG	39	J		KERENDIA	50
INTELISWAB COVID-19 RAPID TEST..	114	<i>jaimiess</i>	99	KERYDIN	61
<i>intestinex</i>	85	JAKAFI	31	KESIMPTA	56
<i>introvale</i>	98	<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5</i>		<i>ketoconazole external cream</i>	61
INTUNIV ORAL TABLET EXTENDED		mg, 3 mg, 4 mg, 5 mg, 7.5 mg	46	<i>ketoconazole external shampoo</i>	61
RELEASE 24 HOUR 1 MG, 3 MG	54	<i>jantoven oral tablet 6 mg</i>	46	<i>ketoconazole oral</i>	26
INTUNIV ORAL TABLET EXTENDED		JANUMET	42	KETO-DIASTIX	65
RELEASE 24 HOUR 2 MG, 4 MG	54	JANUMET XR	42	KETONE CARE	65
INVEGA	36	JANUVIA	42	KETONE TEST	65
INVEGA HAFYERA	36	JARDIANCE	43	<i>ketoprofen oral capsule 50 mg</i>	6
INVEGA SUSTENNA	36	<i>jasmiel</i>	99	<i>ketorolac tromethamine ophthalmic solution</i>	
INVEGA TRINZA	36	<i>jencycla</i>	102	0.4 %	120
INVELTYS	120	JENTADUETO	43	<i>ketorolac tromethamine ophthalmic solution</i>	
INVOKAMET	42	JENTADUETO XR	43	0.5 %	120
INVOKAMET XR	42	<i>jinteli</i>	97	<i>ketorolac tromethamine oral</i>	6
INVOKANA	42	<i>jock itch external cream 1 %</i>	27	KETOSTIX	65
IPOL	107	<i>jock itch max st</i>	114	<i>ketotifen fumarate ophthalmic</i>	125

KEVZARA	105	<i>lamotrigine starter kit-green</i>	20	LENVIMA (8 MG DAILY DOSE)	118
KINERET	105	<i>lamotrigine starter kit-orange</i>	20	LESCOL XL	52
KISQALI (200 MG DOSE)	31	LANCETS	65	<i>lessina</i>	99
KISQALI (400 MG DOSE)	31	<i>lansoprazole oral capsule delayed release</i>		LETAIRIS	131
KISQALI (600 MG DOSE)	31	15 mg	79	<i>letrozole oral</i>	31
KISQALI FEMARA (200 MG DOSE)	31	<i>lansoprazole oral capsule delayed release</i>		<i>leucovorin calcium oral tablet 10 mg</i>	32
KISQALI FEMARA (400 MG DOSE)	31	30 mg	79	<i>leucovorin calcium oral tablet 15 mg, 25 mg,</i>	
KISQALI FEMARA (600 MG DOSE)	31	<i>lansoprazole oral tablet delayed release</i>		5 mg	32
<i>klor-con</i>	67	<i>dispersible 15 mg</i>	79	LEUKERAN	30
<i>klor-con 10</i>	67	LANTUS SOLOSTAR	44	LEUKINE	47
<i>klor-con m10</i>	67	LANTUS U-100 VIAL	44	<i>leuprolide acetate injection</i>	104
<i>klor-con m20</i>	67	<i>lapatinib ditosylate</i>	118	<i>levabuterol hcl inhalation</i>	130
<i>klor-con/ef</i>	151	<i>larin 1.5/30</i>	99	LEVBID	115
KLOXXADO	14	<i>larin 1/20</i>	99	LEVEMIR FLEXPEN	45
KOMBIGLYZE XR	43	<i>larin 24 fe</i>	99	LEVEMIR U-100 VIAL	45
<i>konsyl daily fiber oral powder 28.3 %</i>	89	<i>larin fe 1.5/30</i>	99	<i>levetiracetam oral solution</i>	20
KORLYM	96	<i>larin fe 1/20</i>	99	<i>levetiracetam oral tablet</i>	20
KOSELUGO	31	<i>latanoprost ophthalmic</i>	118	<i>levobunolol hcl</i>	120
<i>kourzeq</i>	57	LATUDA	36	<i>levocetirizine dihydrochloride oral tablet</i> ..	128
K-PHOS	70	<i>laxacin</i>	91	<i>levofloxacin oral tablet</i>	18
<i>k-prime</i>	151	<i>laxaclear</i>	89	<i>levonest</i>	99
KRINTAFEL	33	<i>laxative max str</i>	91	<i>levonorgest-eth estrad 91-day</i>	99
<i>kurvelo</i>	99	<i>laxative maximum strength oral tablet 25 mg</i>		<i>levonorgestrel</i>	103
L		.....	91	<i>levonorgestrel-ethinyl estrad oral tablet 0.1-</i>	
<i>labetalol hcl oral</i>	49	<i>laxative oral powder 17 gm/scoop</i>	89	20 mg-mcg	99
LAC-HYDRIN FIVE	60	<i>laxative oral tablet delayed release 5 mg</i> ..	114	<i>levonorgestrel-ethinyl estrad oral tablet 0.15-</i>	
<i>lacosamide oral tablet</i>	21	<i>laxative pills max st</i>	91	30 mg-mcg	99
<i>lactobacillus oral tablet</i>	85	<i>laxative pills oral tablet 25 mg</i>	91	<i>levonorg-eth estrad triphasic</i>	99
<i>lacto-pectin</i>	85	<i>laxative rectal suppository 10 mg</i>	115	<i>levora 0.15/30 (28)</i>	99
<i>lactulose encephalopathy</i>	77	<i>laxative regular strength</i>	91	<i>levo-t</i>	103
<i>lactulose oral solution</i>	77	LEDIPASVIR-SOFOSBUVIR	38	<i>levothyroxine sodium oral tablet</i>	103
LAGEVRIO	41	<i>leena</i>	99	<i>levoxyl</i>	103
LAMISIL AT EXTERNAL CREAM	27	<i>leflunomide oral</i>	106	LEXIVA ORAL SUSPENSION	40
LAMISIL AT JOCK ITCH	27	<i>lenalidomide</i>	30	LIALDA	108
<i>lamivudine oral solution</i>	39	LENVIMA (10 MG DAILY DOSE)	118	LICART	5
<i>lamivudine oral tablet 100 mg</i>	38	LENVIMA (12 MG DAILY DOSE)	118	<i>lice killing</i>	34, 61
<i>lamivudine oral tablet 150 mg, 300 mg</i>	39	LENVIMA (14 MG DAILY DOSE)	118	<i>lice killing max st external shampoo 0.33-4</i>	
<i>lamivudine-zidovudine</i>	39	LENVIMA (18 MG DAILY DOSE)	118	%	34
<i>lamotrigine oral tablet</i>	20	LENVIMA (20 MG DAILY DOSE)	118	<i>lice killing max strength</i>	34
<i>lamotrigine oral tablet chewable</i>	20	LENVIMA (24 MG DAILY DOSE)	118	<i>lice killing maximum strength</i>	34
<i>lamotrigine starter kit-blue</i>	20	LENVIMA (4 MG DAILY DOSE)	118	<i>lice maximum strength</i>	34

<i>lice treatment external liquid 1 %</i>	61	<i>lorata-d</i>	143	<i>lubricant eye drops ophthalmic solution 0.6 %</i>	122
<i>lice treatment external lotion 1 %</i>	61	<i>loratadine allergy relief oral tablet 10 mg</i>	138	<i>lubricant eye drops pf</i>	122
<i>lice treatment external shampoo 0.33-4 %</i>	34	<i>loratadine allergy relief oral tablet dispersible</i>		<i>lubricant eye nighttime</i>	122
<i>lidocaine external cream</i>	14	<i>10 mg</i>	138	<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>	
<i>lidocaine external patch 5 %</i>	14	<i>loratadine childrens oral solution</i>	138	.....	122
<i>lidocaine hcl external cream 3 %</i>	14	<i>lorata-dine d</i>	143	<i>lubricant pm</i>	122
<i>lidocaine viscous hcl</i>	14	<i>loratadine d 12hr</i>	143	<i>lubricating eye drop</i>	123
<i>lidocaine-prilocaine external cream</i>	14	<i>loratadine oral solution</i>	138	<i>lubricating eye drops</i>	123
<i>lidopin external cream 3 %</i>	14	<i>loratadine oral tablet</i>	138	<i>lubricating eye/overnight</i>	123
<i>linezolid oral suspension reconstituted</i>	16	<i>loratadine oral tablet dispersible</i>	138	<i>lubricating plus eye drops</i>	123
<i>linezolid oral tablet</i>	17	<i>loratadine-d</i>	143	<i>lubricating plus ophthalmic solution 0.5 %</i>	
LINZESS	77	<i>loratadine-d 12hr</i>	143	.....	123
<i>liothyronine sodium oral</i>	103	<i>loratadine-d 24hr</i>	143	<i>lubricating tears ophthalmic solution 0.4-0.3 %</i>	
LIPITOR	52	<i>lorazepam injection</i>	41	.....	123
LIPOFEN.....	52	<i>lorazepam oral tablet</i>	41	<i>lubrifresh p.m.</i>	123
<i>liquid acetaminophen</i>	10	LORBRENA.....	117	LUMAKRAS.....	33
<i>liquid allergy relief</i>	128	LOREEV XR	41	LUMIGAN	118
<i>liquid corn & callus rem</i>	115	<i>loryna</i>	99	LUNESTA.....	148
<i>liquid pain relief</i>	10	LORZONE	148	LUPKYNIS.....	105
<i>liquid wart remover max st</i>	115	<i>losartan potassium oral</i>	48	LUPRON DEPOT (1-MONTH)	104
<i>lisdexamfetamine dimesylate oral capsule</i>	55	<i>losartan potassium-hctz</i>	51	LUPRON DEPOT (3-MONTH)	104
<i>lisinopril oral</i>	48	LOTEMAX.....	120	LUPRON DEPOT (4-MONTH)	
<i>lisinopril-hydrochlorothiazide</i>	51	LOTEMAX SM	120	INTRAMUSCULAR KIT 30MG	104
<i>lithium</i>	42	<i>lovastatin oral</i>	52	LUPRON DEPOT (6-MONTH)	
<i>lithium carbonate er</i>	42	LOVAZA.....	52	INTRAMUSCULAR KIT 45MG	104
<i>lithium carbonate oral</i>	42	<i>low-ogestrel</i>	99	LUPRON DEPOT-PED (1-MONTH).....	104
<i>little ones childrens</i>	151	<i>loxapine succinate</i>	36	LUPRON DEPOT-PED (3-MONTH).....	104
LIVALO	52	<i>lo-zumandimine</i>	100	LUPRON DEPOT-PED (6-MONTH).....	104
LMX 4.....	14	<i>lubiprostone</i>	77	<i>lurasidone hcl</i>	36
LO LOESTRIN FE.....	97	<i>lubricant drops fast act</i>	122	<i>lutura</i>	100
<i>lojaimiess</i>	99	<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>		LYBALVI	36
LOKELMA	71	.....	122	<i>lyleq</i>	102
<i>long acting nasal spray</i>	143	<i>lubricant drops ophthalmic solution</i>	122	<i>lyllana</i>	100
<i>long lasting antacid</i>	85	<i>lubricant eye drops (pf) ophthalmic solution</i>		LYNPARZA.....	31
<i>long lasting nasal spray</i>	143	<i>0.4-0.3 %</i>	122	LYRICA CR	55
LONSURF	31	<i>lubricant eye drops (pf) ophthalmic solution</i>		<i>lysiplex plus oral tablet</i>	151
<i>loperamide hcl oral capsule</i>	77	<i>0.5 %</i>	122	LYSODREN.....	104
<i>loperamide hcl oral tablet</i>	77	<i>lubricant eye drops ophthalmic solution 0.4-</i>		LYUMJEV	45
<i>loperamide-simethicone</i>	85	<i>0.3 %</i>	122	LYUMJEV KWIKPEN	45
<i>lopinavir-ritonavir</i>	40	<i>lubricant eye drops ophthalmic solution 0.5</i>		<i>lyza</i>	102
<i>loradamed</i>	138	<i>%</i>	122		

M		
MAALOX.....	85	
MAALOX CHILDRENS.....	85	
MAALOX MAX ORAL SUSPENSION.....	85	
MAALOX MULTI SYMPTOM MAX ST.....	85	
mag-al plus.....	85	
mag-al plus xs.....	85	
magnesium citrate oral solution.....	91	
magnesium oral tablet 500 mg.....	70	
magnesium oxide (antacid) oral tablet 400 mg.....	115	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg.....	70	
magnesium oxide -mg supplement oral tablet 500 mg.....	70	
magnesium oxide oral tablet 400 mg.....	115	
magnesium oxide oral tablet 420 mg.....	115	
magnesium-aluminum-simethicone.....	86	
magnesium-oxide.....	70	
malathion.....	61	
MAOX.....	115	
mapap acetaminophen extra str.....	11	
mapap childrens.....	11	
mapap oral capsule.....	11	
maraviroc.....	40	
marlissa.....	100	
MASK VORTEX/CHILD/FROG.....	115	
MASK VORTEX/TODDLER/LADYBUG..	115	
MATULANE.....	30	
MAVENCLAD (10 TABS).....	56	
MAVENCLAD (4 TABS).....	56	
MAVENCLAD (5 TABS).....	56	
MAVENCLAD (6 TABS).....	56	
MAVENCLAD (7 TABS).....	56	
MAVENCLAD (8 TABS).....	56	
MAVENCLAD (9 TABS).....	56	
MAVYRET ORAL PACKET.....	38	
MAVYRET ORAL TABLET.....	38	
MAX RELIEF JUNIOR.....	11	
MAX TUSSIN MUCUS & CHEST CONG	133	
MAXALT.....	28	
maxi-tuss ac.....	143	
maxi-tuss gmx.....	143	
maxi-tuss pe max.....	133	
MAYZENT.....	56	
MAYZENT STARTER PACK.....	56	
m-dryl.....	128	
meclizine hcl oral tablet 12.5 mg.....	24	
meclizine hcl oral tablet 25 mg.....	24	
meclizine hcl oral tablet chewable.....	24	
medicated spot.....	115	
medifin 400.....	133	
medifin mucus relief child.....	133	
medi-first aspirin.....	115	
medi-first ibuprofen.....	6	
medi-first triple antibiotic.....	19	
mediproxen.....	6	
medique aspirin.....	115	
MEDISENSE GLUCOSE KETONE CONTR.....	65	
MEDISENSE HI/MID/LOW CONTROL.....	65	
MEDROL ORAL TABLET 2 MG.....	95	
medroxyprogesterone acetate intramuscular.....	102	
medroxyprogesterone acetate oral.....	102	
mefloquine hcl.....	33	
mega probiotic.....	86	
megestrol acetate oral suspension 40 mg/ml.....	102	
megestrol acetate oral tablet 20 mg.....	102	
megestrol acetate oral tablet 40 mg.....	102	
meijer allergy relief-d.....	143	
meijer antacid.....	86	
meijer anti-diarrheal.....	77	
MEKINIST.....	32	
MEKTOVI.....	31	
meloxicam oral tablet.....	6	
melphalan.....	33	
memantine hcl oral solution.....	22	
memantine hcl oral tablet.....	23	
MENACTRA.....	107	
MENEST.....	97	
MENQUADFI.....	107	
MENVEO.....	107	
mercaptopurine oral.....	30	
mesalamine oral capsule delayed release 400 mg.....	108	
mesalamine rectal.....	108	
MESNEX ORAL.....	32	
metformin hcl er (osm).....	43	
metformin hcl er oral tablet extended release 24 hour 500 mg.....	43	
metformin hcl er oral tablet extended release 24 hour 750 mg.....	43	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	43	
methadone hcl oral tablet soluble.....	7	
methadose oral tablet soluble.....	7	
methazolamide oral.....	121	
methenamine hippurate.....	17	
methergine.....	96	
methimazole oral.....	104	
methocarbamol oral.....	148	
methotrexate sodium.....	106	
methotrexate sodium (pf).....	106	
methoxsalen rapid.....	61	
methsuximide.....	20	
METHYLDOPA.....	48	
methylergonovine maleate oral.....	96	
METHYLIN.....	54	
methylphenidate hcl er (cd).....	54	
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg.....	54	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg.....	54	
methylphenidate hcl er oral tablet extended release.....	54	
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg...54	54	
methylphenidate hcl er oral tablet extended release 24 hour 54 mg.....	54	

<i>methylphenidate hcl oral tablet</i>	54	<i>migraine formula oral tablet 250-250-65 mg</i>	11	MONOJECT HYPODERMIC NEEDLE 18G
<i>methylprednisolone oral</i>	95	.....	11	<i>X 1</i>
<i>metoclopramide hcl oral solution</i>	24	<i>migraine headache relief</i>	11	<i>mono-lynyah</i>
<i>metoclopramide hcl oral tablet</i>	24	<i>migraine relief oral tablet 250-250-65 mg</i> .	11	<i>montelukast sodium oral</i>
<i>metolazone</i>	52	MIGRANAL	28	<i>mood support probiotic</i>
<i>metoprolol succinate er</i>	49	<i>mili</i>	100	<i>morphine sulfate (concentrate)</i>
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	49	<i>milk of magnesia</i>	86	<i>morphine sulfate er</i>
.....	49	<i>milk of magnesia oral suspension 1200</i>	86	<i>morphine sulfate er beads</i>
<i>metoprolol tartrate oral tablet 25 mg</i>	49	<i>mg/15ml</i>	86	<i>morphine sulfate oral</i>
<i>metoprolol tartrate oral tablet 37.5 mg, 75</i>	49	<i>mimvey</i>	97	<i>morphine sulfate rectal</i>
<i>mg</i>	49	<i>mineral oil enema</i>	89	MOTEGRITY
METROGEL	16	<i>mineral oil heavy oral</i>	89	<i>motion sickness oral tablet 50 mg</i>
<i>metronidazole external</i>	17	<i>mineral oil oral oil</i>	89	<i>motion sickness relief oral tablet 50 mg</i> ...
<i>metronidazole oral tablet</i>	17	<i>mineral oil rectal enema</i>	89	<i>motion sickness relief oral tablet chewable</i>
<i>metronidazole vaginal</i>	17	<i>mini nicotine</i>	15	<i>25 mg</i>
<i>mexiletine hcl oral</i>	49	MINIVELLE	98	<i>motion-time</i>
<i>mibelas 24 fe</i>	100	<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	19	MOTRIN CHILDRENS
<i>micaderm</i>	27	.....	19	MOTRIN IB ORAL TABLET
MICATIN	27	<i>minoxidil oral</i>	53	MOTRIN INFANTS DROPS
MICOMITIN	115	<i>mintox maximum strength</i>	86	MOUNJARO
<i>miconazole 3</i>	26	<i>mintox plus</i>	86	MOVANTIK
<i>miconazole 3 applicator vaginal kit 200 & 2</i>	26	MIRALAX ORAL POWDER	89	MOVIPREP
<i>mg-% (9gm)</i>	26	<i>mirtazapine oral tablet 15 mg, 30 mg</i>	23	<i>moxifloxacin hcl oral</i>
<i>miconazole 3 combo pack app vaginal kit</i>	26	<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	23	<i>m-pap</i>
<i>200 & 2 mg-% (9gm)</i>	26	MIRVASO	57	MUCINEX CHILDRENS FREEFROM ORAL
<i>miconazole 3 combo pack vaginal kit 200 &</i>	26	<i>misoprostol oral</i>	78	<i>LIQUID 5-100 MG/5ML</i>
<i>2 mg-% (9gm)</i>	26	MITIGARE	28	MUCINEX CHILDRENS STUFFY NOSE 144
<i>miconazole 7 day treatment</i>	26	<i>mm acetaminophen ex str</i>	11	MUCINEX COUGH CHILDRENS
<i>miconazole 7 vaginal cream 2 %</i>	26	MM ALLER-BEN	128	MUCINEX D
<i>miconazole 7 vaginal suppository 100 mg</i> 26	26	<i>mm arthritis pain</i>	11	MUCINEX D MAX STRENGTH
<i>miconazole antifungal</i>	27	<i>mm aspirin</i>	115	MUCINEX DM
<i>miconazole nitrate external cream</i>	27	<i>mm clearlax</i>	89	MUCINEX FAST-MAX CHEST CONG MS
<i>miconazole nitrate vaginal</i>	26	<i>mm ibuprofen</i>	6	.....
<i>miconazorb af</i>	27	<i>mm stool softener laxative</i>	91	MUCINEX FAST-MAX DM MAX
<i>microgestin 1.5/30</i>	100	M-M-R II	107	MUCINEX MAXIMUM STRENGTH
<i>microgestin 1/20</i>	100	M-NATAL PLUS	73	MUCINEX SINUS-MAX CLEAR & COOL 144
<i>microgestin 24 fe</i>	100	<i>modafinil</i>	149	MUCINEX SINUS-MAX SINUS/ALLRGY 144
<i>microgestin fe 1.5/30</i>	100	MODERNA COVID-19 VAC 6M-11Y	115	<i>mucus & cough relief child</i>
<i>microgestin fe 1/20</i>	100	<i>mometasone furoate external</i>	60	<i>mucus d</i>
<i>midodrine hcl</i>	48	<i>mondoxyne nl</i>	19	<i>mucus d extended release</i>
MIGERGOT	28			<i>mucus d max st er</i>

<i>mucus dm</i>	144	<i>multi vitamin w/d-3</i>	73	NAMZARIC	22
<i>mucus dm extended release oral tablet</i>		<i>multiple vitamin-folic acid</i>	73	NAPHCAN-A	124
<i>extended release 12 hour 30-600 mg</i> ..	144	<i>multiple vitamins essential</i>	73	NAPRELAN ORAL TABLET EXTENDED	
<i>mucus er maximum str</i>	133	<i>multiple vitamins/iron</i>	151	<i>RELEASE 24 HOUR 375 MG, 750 MG</i> ...	5
<i>mucus er oral tablet extended release 12</i>		MULTIPRO	151	NAPRELAN ORAL TABLET EXTENDED	
<i>hour 1200 mg</i>	133	<i>multi-vitamin</i>	73	<i>RELEASE 24 HOUR 500 MG</i>	5
<i>mucus extended release oral tablet</i>		<i>multivitamin infant & toddler oral solution</i>	151	NAPROSYN ORAL SUSPENSION	5
<i>extended release 12 hour 1200 mg</i>	133	<i>multivitamin w/fluoride</i>	73	NAPROSYN ORAL TABLET	5
<i>mucus relief 12 hour max st</i>	133	<i>multi-vitamin/fluoride</i>	73	<i>naproxen dr</i>	6
<i>mucus relief chest oral tablet 400 mg</i>	133	<i>multivitamin/fluoride oral tablet chewable</i> .	73	<i>naproxen oral suspension</i>	6
<i>mucus relief childrens oral liquid 100 mg/5ml</i>		<i>multi-vitamin/fluoride/iron</i>	73	<i>naproxen oral tablet</i>	6
.....	133	<i>multi-vitamin/iron</i>	151	<i>naproxen oral tablet delayed release</i>	6
<i>mucus relief cough childrens</i>	144	<i>mupirocin external</i>	62	<i>naproxen sodium oral tablet 220 mg</i>	6
<i>mucus relief d max strength</i>	144	MURO 128 OPHTHALMIC OINTMENT..	123	NARAMIN	128
<i>mucus relief d oral tablet extended release</i>		MURO 128 OPHTHALMIC SOLUTION 5 %		<i>naratriptan hcl</i>	28
<i>12 hour 120-1200 mg</i>	144	.....	123	NARCAN	14
<i>mucus relief d oral tablet extended release</i>		<i>my choice</i>	103	NASACORT ALLERGY 24HR	139
<i>12 hour 60-600 mg</i>	144	<i>my way</i>	103	<i>nasal allergy 24 hour</i>	139
<i>mucus relief dm max oral liquid 20-400</i>		<i>mycophenolate mofetil oral</i>	106	<i>nasal allergy nasal aerosol 55 mcg/act</i> ...	139
<i>mg/20ml, 5-100 mg/5ml</i>	144	<i>mycophenolate sodium</i>	106	<i>nasal allergy spray</i>	139
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>		MYCOZYL AL	115	<i>nasal decongestant 12 hour</i>	145
.....	145	MYDAYIS	55	<i>nasal decongestant 12hr</i>	145
<i>mucus relief dm oral tablet extended release</i>		MYFEMBREE	76	<i>nasal decongestant max st</i>	145
<i>12 hour 30-600 mg</i>	145	MYLERAN	30	<i>nasal decongestant oral tablet 30 mg</i>	145
<i>mucus relief er</i>	133	MYLICON INFANTS GAS RELIEF	86	<i>nasal decongestant oral tablet extended</i>	
<i>mucus relief er oral tablet extended release</i>		<i>mynephrocaps oral capsule 1 mg</i>	73	<i>release 12 hour 120 mg</i>	145
<i>12 hour 1200 mg</i>	133	MYNEPHRON	73	<i>nasal decongestant pe max st</i>	134
<i>mucus relief max st</i>	133	MYRBETRIQ ORAL SUSPENSION		<i>nasal decongestant pe oral tablet 10 mg</i> .	134
<i>mucus relief max strength oral tablet</i>		RECONSTITUTED ER	94	<i>nasal decongestant pe oral tablet 30 mg</i> .	145
<i>extended release 12 hour 1200 mg</i>	133	MYRBETRIQ ORAL TABLET EXTENDED		<i>nasal decongestant spray</i>	145
<i>mucus relief oral tablet 400 mg</i>	133	RELEASE 24 HOUR	94	<i>nasal four</i>	134
<i>mucus relief oral tablet extended release 12</i>		MYTESI	77	<i>nasal four spray</i>	134
<i>hour 1200 mg</i>	133	N		<i>nasal mist nasal solution</i>	145
<i>mucus+chest congestion</i>	133	<i>nabumetone oral</i>	6	<i>nasal mist no drip</i>	145
<i>mucus-d</i>	145	<i>nadolol oral</i>	49	NASAL MOIST NASAL SOLUTION	134
<i>mucus-dm</i>	145	<i>naloxone hcl injection solution</i>	14	<i>nasal moisturizing spray</i>	134
<i>mucus-er oral tablet extended release 12</i>		<i>naloxone hcl injection solution cartridge</i> ...	14	<i>nasal relief</i>	145
<i>hour 1200 mg</i>	134	<i>naloxone hcl injection solution prefilled</i>		<i>nasal spray 12 hour</i>	145
MULPLETA	47	<i>syringe</i>	14	<i>nasal spray extra moist</i>	145
MULTAQ	49	<i>naloxone hcl nasal</i>	14	<i>nasal spray extra moisturizing</i>	145
<i>multi vitamin</i>	73	<i>naltrexone hcl oral</i>	14	<i>nasal spray fast acting</i>	134

<i>nasal spray nasal solution 0.05 %</i>	145	NEOSPORIN ORIGINAL	19	NICORETTE MINI	15
<i>nasal spray nasal solution 1 %</i>	134	NEO-SYNEPHRINE COLD/ALLRG MILD		NICORETTE STARTER KIT	15
<i>nasal spray no drip</i>	145	.....	134	<i>nicotine gum mouth/throat gum 2 mg</i>	15
<i>nasal spray saline</i>	134	NEO-SYNEPHRINE COLD/ALLRGY EXT		<i>nicotine gum mouth/throat gum 4 mg</i>	15
<i>nasal spray sinus</i>	145	.....	134	<i>nicotine gum mouth/throat lozenge 2 mg</i> ..	15
NASALCROM	140	NEO-SYNEPHRINE COLD/ALLRGY REG		<i>nicotine gum mouth/throat lozenge 4 mg</i> ..	16
NASCOBAL	152	.....	134	<i>nicotine mini</i>	16
NATAZIA.....	98	<i>nephro vitamins</i>	73	<i>nicotine mouth/throat gum 2 mg</i>	16
<i>nateglinide</i>	43	NEPHRO-VITE	73	<i>nicotine mouth/throat gum 4 mg</i>	16
NATESTO	96	NESINA	43	<i>nicotine mouth/throat lozenge 2 mg</i>	16
<i>natural daily fiber</i>	89	NEULASTA.....	47	<i>nicotine mouth/throat lozenge 4 mg</i>	16
<i>natural fiber oral capsule 0.52 gm</i>	89	NEULASTA ONPRO.....	47	<i>nicotine polacrilex mini</i>	16
<i>natural fiber oral powder 28.3 %</i>	89	NEUPOGEN	47	<i>nicotine polacrilex mouth/throat</i>	16
<i>natural fiber oral powder 58.6 %</i>	89	NEUPRO	35	<i>nicotine step 1</i>	15
<i>natural fiber supplement</i>	89	NEURONTIN	21	<i>nicotine step 2</i>	15
<i>natural senna laxative</i>	91	NEUTEK 2TEK CONTROL.....	65	<i>nicotine step 3</i>	15
<i>natural tears pf</i>	123	NEUTROGENA OIL-FREE ACNE WASH		<i>nicotine transdermal patch 24 hour 14</i>	
<i>natural vegetable</i>	89	.....	115	<i>mg/24hr, 7 mg/24hr</i>	15
<i>natural vegetable laxative oral tablet 8.6 mg</i>		NEVANAC	120	<i>nicotine transdermal patch 24 hour 21</i>	
.....	92	<i>nevirapine</i>	39	<i>mg/24hr</i>	15
<i>natural vitamin e</i>	152	<i>nevirapine er</i>	39	<i>nicotine transdermal system</i>	15
<i>natura-lax</i>	89	<i>new day</i>	103	NICOTROL.....	15
<i>nausea control</i>	25	NEXAVAR.....	32	NICOTROL NS	15
<i>nausea relief oral solution 1.87-1.87-21.5</i> 25		NEXIUM ORAL PACKET 2.5 MG, 5 MG ..	79	<i>nifedipine er</i>	50
NAYZILAM	21	NEXLETOL	52	<i>nifedipine er osmotic release</i>	50
<i>nebusal inhalation nebulization solution 3 %</i>		NEXLIZET.....	52	<i>nifedipine oral</i>	50
.....	145	NEXTSTELLIS.....	76	<i>nighttime dry-eye relief</i>	123
<i>necon 0.5/35 (28)</i>	100	<i>niacin (antihyperlipidemic)</i>	52	<i>nighttime relief lub eye</i>	123
NEODOT THERMOMETER.....	115	<i>niacin er (antihyperlipidemic)</i>	52	<i>nikki</i>	100
NEOMULTIVITE.....	73	<i>niacin er oral capsule extended release 250</i>		<i>nimodipine oral</i>	50
<i>neomycin sulfate oral</i>	16	<i>mg</i>	73	NINLARO.....	31
<i>neomycin-bacitracin zn-polymyx</i>	120	<i>niacin er oral capsule extended release 500</i>		<i>nitazoxanide oral</i>	34
<i>neomycin-polymyxin-dexameth ophthalmic</i>		<i>mg</i>	73	NITRO-BID	53
<i>ointment</i>	119	<i>niacin er oral tablet extended release 1000</i>		<i>nitrofurantoin macrocrystal</i>	17
<i>neomycin-polymyxin-dexameth ophthalmic</i>		<i>mg</i>	73	<i>nitrofurantoin monohydrate macrocrystals</i> 17	
<i>suspension 3.5-10000-0.1</i>	119	<i>niacin er oral tablet extended release 250</i>		<i>nitrofurantoin oral suspension 25 mg/5ml</i> ..	17
<i>neomycin-polymyxin-gramicidin</i>	120	<i>mg, 500 mg</i>	74	<i>nitroglycerin sublingual</i>	53
<i>neomycin-polymyxin-hc otic</i>	125	<i>niacin oral tablet 100 mg, 250 mg, 50 mg.</i> 74		<i>nitroglycerin transdermal</i>	53
NEONATAL PLUS	73	<i>niacor</i>	52	<i>nitroglycerin translingual</i>	53
<i>neo-polycin</i>	120	NICODERM CQ.....	15	NITYR.....	93
<i>neo-polycin hc</i>	119	NICORETTE	15	NIVA-PLUS.....	74

NIVESTYM.....	47	NOVAMV PEDIATRIC MULTI-VITAMIN.	151	NUZYRA ORAL	19
<i>no drip extra moisturizing</i>	145	NOVAREL.....	96	<i>nyamyc</i>	62
<i>no drip nasal relief</i>	146	NOVAVAX COVID-19 VACCINE.....	108	<i>nylia 1/35</i>	100
<i>no drip nasal spray</i>	146	NOVOLIN 70/30 FLEXPEN	45	<i>nylia 7/7/7</i>	100
<i>no drip original 12 hours</i>	146	NOVOLIN 70/30 RELION	44	NYMALIZE.....	50
NOCDURNA	96	NOVOLIN 70/30 VIAL	44	<i>nymyo</i>	100
<i>nohist-lq</i>	136	NOVOLIN N FLEXPEN.....	45	<i>nystatin external</i>	62
NOKOR VENTED NEEDLE.....	46	NOVOLIN N RELION.....	44	<i>nystatin mouth/throat</i>	26
<i>non-aspirin</i>	11	NOVOLIN N VIAL	44	<i>nystatin oral</i>	26
<i>non-aspirin 8 hour</i>	11	NOVOLIN R FLEXPEN.....	45	<i>nystop</i>	62
<i>non-aspirin childrens</i>	11	NOVOLIN R RELION.....	44	NYVEPRIA	47
<i>non-aspirin extra strength</i>	11	NOVOLIN R VIAL	44	O	
<i>non-aspirin jr strength</i>	11	NOVOLOG FLEXPEN	45	OBSTETRIX DHA.....	74
<i>non-aspirin pain relief</i>	11	NOVOLOG FLEXPEN RELION.....	44	OBTREX.....	151
<i>non-pseudo sinus decongestant</i>	134	NOVOLOG MIX 70/30 FLEXPEN.....	45	OCEAN FOR KIDS.....	134
<i>nora-be</i>	102	NOVOLOG MIX 70/30 VIAL	45	OCEAN NASAL SPRAY.....	134
NORDITROPIN FLEXPRO	96	NOVOLOG PENFILL	45	<i>ocella</i>	100
<i>norethin ace-eth estrad-fe oral tablet</i>	100	NOVOLOG RELION	44	<i>octreotide acetate</i>	104
<i>norethin ace-eth estrad-fe oral tablet</i> <i>chewable</i>	100	NOVOLOG U-100 VIAL	45	OCUVEL.....	151
<i>norethindrone acetate oral</i>	102	NOXAFIL ORAL PACKET	25	ODEFSEY	39
<i>norethindrone acet-ethinyl est</i>	100	NOXAFIL ORAL SUSPENSION.....	25	ODOMZO	32
<i>norethindrone oral</i>	102	NOXAFIL ORAL TABLET DELAYED <i>RELEASE</i>	26	OFEV	131
<i>norethindron-ethinyl estrad-fe</i>	100	NUBEQA.....	30	<i>ofloxacin ophthalmic</i>	120
<i>norethin-eth estradiol-fe oral tablet chewable</i> <i>0.4-35 mg-mcg</i>	100	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	131	<i>ofloxacin oral</i>	18
<i>norgestimate-eth estradiol</i>	100	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	131	<i>ofloxacin otic</i>	125
<i>norgestimate-ethinyl estradiol triphasic</i> ...	100	NUCYNTA	7	<i>ointment base</i>	62
NORITATE	16	NUCYNTA ER	7	<i>olanzapine oral tablet</i>	36
NORLIQVA	50	NUDEXTA	55	<i>olanzapine oral tablet dispersible</i>	36
<i>norlyroc</i>	102	NU-IRON	70	<i>olmesartan medoxomil oral</i>	48
NORPACE CR	49	NULEV.....	115	<i>olopatadine hcl ophthalmic</i>	119
<i>nortrel 0.5/35 (28)</i>	100	NURTEC.....	28	OLUMIANT ORAL TABLET 1 MG, 2 MG	105
<i>nortrel 1/35 (21)</i>	100	NUTRAPLUS	63	OLUMIANT ORAL TABLET 4 MG	105
<i>nortrel 1/35 (28)</i>	100	<i>nutrifac zx</i>	151	OLUX-E	58
<i>nortrel 7/7/7</i>	100	NUTROPIN AQ NUSPIN 10	96	OMECLAMOX-PAK.....	78
<i>nortriptyline hcl oral</i>	24	NUTROPIN AQ NUSPIN 20	96	<i>omega-3-acid ethyl esters</i>	52
NORVIR ORAL PACKET.....	40	NUTROPIN AQ NUSPIN 5	96	<i>omeprazole magnesium oral capsule</i> <i>delayed release</i>	79
<i>nose drops extstrength</i>	134	NUVARING	98	<i>omeprazole oral capsule delayed release 10</i> <i>mg, 20 mg, 20.6 (20 base) mg, 40 mg</i> ...	79
<i>nose drops nasal solution 1 %</i>	134	NUVESSA.....	16	OMNARIS.....	128
NOURIANZ	34			OMNIFLEX DIAPHRAGM	115

OMNIPOD 5 G6 INTRO (GEN 5).....	110	ORENCIA SUBCUTANEOUS.....	105	OXYCODONE-ACETAMINOPHEN ORAL	
OMNIPOD 5 G6 POD (GEN 5).....	110	ORENITRAM	131	SOLUTION 5-325 MG/5ML	8
OMNITROPE	95	ORENITRAM MONTH 1	131	<i>oxycodone-acetaminophen oral tablet 10-</i>	
ON/GO COVID-19 ANTIGEN TEST	115	ORENITRAM MONTH 2	131	<i>325 mg, 5-325 mg, 7.5-325 mg</i>	8
ON/GO ONE COVID-19 HOME TEST....	115	ORENITRAM MONTH 3	131	OXYCONTIN	7
<i>once daily</i>	74	ORFADIN.....	93	<i>oxymorphone hcl er</i>	7
<i>ondansetron hcl oral tablet 4 mg, 8 mg.....</i>	25	ORGOVYX.....	16	OXYTROL FOR WOMEN.....	93
<i>ondansetron odt</i>	25	ORIAHNN	104	<i>oysco 500+d</i>	70
<i>one daily</i>	74	ORLISSA	104	<i>oyster shell calcium + d oral tablet 500-10</i>	
ONE VITE DAILY MULTIVITAMIN.....	74	ORKAMBI	130	<i>mg-mcg.....</i>	70
ONE VITE WOMENS.....	74	ORLADEYO	110	<i>oyster shell calcium + d3</i>	70
ONE VITE WOMENS PLUS	74	<i>orphenadrine citrate er.....</i>	148	<i>oyster shell calcium oral tablet 500 mg ...</i>	151
<i>one-daily multi vitamins.....</i>	74	OS-CAL CALCIUM + D3.....	70	<i>oyster shell calcium plus d.....</i>	70
<i>one-daily multi-vitamin</i>	74	<i>oseltamivir phosphate oral capsule</i>	40	<i>oyster shell calcium w/d.....</i>	70
<i>one-daily multi-vitamin/iron</i>	151	<i>oseltamivir phosphate oral suspension</i>		<i>oyster shell calcium/d oral tablet 250-3.125</i>	
<i>one-daily/iron</i>	151	<i>reconstituted</i>	40	<i>mg-mcg.....</i>	151
ONELAX	115	OSENI.....	43	<i>oyster shell calcium/d oral tablet 250-6.25</i>	
ONELAX DOCUSATE SODIUM	92	OSMOLEX ER.....	35	<i>mg-mcg.....</i>	70
ONELAX MAGNESIUM CITRATE	92	OSPHENA	103	<i>oyster shell calcium/vit d.....</i>	70
ONELAX SENNA	92	OTEZLA	105	<i>oyster shell calcium/vit d3 oral tablet 500-5</i>	
ONETOUCH ULTRA 2 KIT W/DEVICE ...	65,	OTOVEL	125	<i>mg-mcg.....</i>	70
65		OTREXUP	106	<i>oyster shell calcium/vitamin d oral tablet</i>	
ONETOUCH ULTRA IN VITRO LIQUID ...	65	OVACE PLUS WASH EXTERNAL LIQUID		<i>250-3.125 mg-mcg.....</i>	151
ONETOUCH ULTRA STRIP IN VITRO....	65,	.....	115	<i>oyster shell calcium/vitamin d oral tablet</i>	
65		OVACE WASH	115	<i>500-5 mg-mcg.....</i>	70
ONETOUCH VERIO FLEX SYSTEM KIT		OVIDREL	96	<i>oyster shell calcium-vit d</i>	70
W/DEVICE	66, 65	<i>oxaprozin</i>	6	OZEMPIC	43
ONETOUCH VERIO IN VITRO LIQUID....	66	<i>oxazepam</i>	41	OZEMPIC (2 MG/DOSE).....	43
ONETOUCH VERIO REFLECT KIT		OXBRYTA ORAL TABLET 300 MG	47	P	
W/DEVICE	66, 65	OXBRYTA ORAL TABLET 500 MG	47	<i>p col-rite.....</i>	92
ONETOUCH VERIO STRIP IN VITRO	66,	OXBRYTA ORAL TABLET SOLUBLE.....	47	PACERONE	49
66,		<i>oxcarbazepine oral suspension</i>	21	<i>pain & fever child</i>	11
66,		<i>oxcarbazepine oral tablet.....</i>	21	<i>pain & fever childrens oral suspension 160</i>	
ONEXTON	57	OXTELLAR XR	21	<i>mg/5ml.....</i>	11
ONGENTYS	34	<i>oxybutynin chloride er.....</i>	93	<i>pain & fever childrens oral tablet chewable</i>	
ONGLYZA	43	<i>oxybutynin chloride oral tablet 5 mg</i>	93	<i>160 mg.....</i>	11
<i>opcicon one-step.....</i>	103	<i>oxycodone hcl oral concentrate</i>	8	<i>pain & fever infants.....</i>	11
OPSUMIT	131	<i>oxycodone hcl oral solution</i>	8	<i>pain relief childrens oral elixir 160 mg/5ml</i>	11
<i>option 2</i>	103	<i>oxycodone hcl oral tablet 10 mg, 20 mg ...</i>	13	<i>pain relief childrens oral suspension</i>	11
OPZELURA.....	63	<i>oxycodone hcl oral tablet 15 mg, 30 mg ...</i>	13	<i>pain relief childrens oral tablet chewable 160</i>	
ORACEA	18			<i>mg.....</i>	11
<i>oralone</i>	57				
ORENCIA CLICKJECT	105				

<i>pain relief extra st</i>	12	<i>ped electrolyte freeze pop</i>	70	<i>phenazo oral tablet 95 mg</i>	94
<i>pain relief extra strength oral capsule 500 mg</i>	12	PEDIA-LAX ORAL LIQUID	92	<i>phenazopyridine hcl oral</i>	94
<i>pain relief extra strength oral liquid 500 mg/15ml</i>	12	PEDIALYTE FREEZER POPS	70	<i>phenobarbital oral</i>	21
<i>pain relief extra strength oral tablet 500 mg</i>	12	PEDIALYTE ORAL SOLUTION	70	<i>phenylephrine hcl ophthalmic</i>	119
.....	12	PEDIALYTE SINGLES	70	<i>phenylephrine hcl oral</i>	134
<i>pain relief oral liquid 500 mg/15ml</i>	12	PEDIARIX	107	<i>phenytek</i>	21
<i>pain relief oral tablet 325 mg</i>	12	<i>pediatric electrolyte oral solution</i>	70	<i>phenytoin infatabs</i>	21
<i>pain relief oral tablet 500 mg</i>	12	PEDVAX HIB	107	<i>phenytoin oral suspension 125 mg/5ml</i>	21
<i>pain relief oral tablet extended release 650 mg</i>	12	<i>peg 3350 oral powder</i>	90	<i>phenytoin oral tablet chewable</i>	21
<i>pain relief regular strength</i>	12	<i>peg 3350-kcl-na bicarb-nacl</i>	78	<i>phenytoin sodium extended</i>	22
<i>pain relief/rapid burst</i>	12	<i>peg-3350/electrolytes</i>	78	<i>philith</i>	101
<i>pain reliever</i>	12	PEGASYS.....	106	PHOSPHA 250 NEUTRAL	70
<i>pain reliever childrens oral suspension 160 mg/5ml</i>	12	<i>penicillamine oral tablet</i>	94	PHOSPHOLINE IODIDE	121
<i>pain reliever ex st oral liquid 500 mg/15ml</i>	12	<i>penicillin v potassium</i>	18	<i>phosphorous</i>	70
<i>pain reliever ex st oral tablet 500 mg</i>	12	PENTACEL	107	<i>phospho-trin 250 neutral</i>	71
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	12	<i>pentamidine isethionate inhalation</i>	34	PHOSPHO-TRIN K500.....	71
<i>pain reliever extra strength oral tablet 500 mg</i>	12	PENTASA	108	<i>phytonadione oral</i>	74
.....	12	<i>pentazocine-naloxone hcl</i>	8	PIFELTRO	39
<i>pain reliever plus</i>	12	<i>pentoxifylline er</i>	51	<i>pilocarpine hcl ophthalmic</i>	121
<i>pain-off</i>	12	PEPTO-BISMOL ORAL SUSPENSION	524	<i>pilocarpine hcl oral tablet 5 mg</i>	57
<i>paliperidone er</i>	36	MG/30ML	86	<i>pilocarpine hcl oral tablet 7.5 mg</i>	57
PANADOL CHILDRENS	12	PERDIEM OVERNIGHT RELIEF	92	PILOT COVID-19 AT-HOME TEST	116
PANADOL EXTRA STRENGTH	12	PERFOROMIST	129	<i>pimecrolimus</i>	60
PANADOL INFANTS.....	12	<i>periogard</i>	57	<i>pimozide</i>	36
PANOXYL	115	<i>permethrin external</i>	61	<i>pimtrea</i>	101
<i>pantoprazole sodium oral tablet delayed release</i>	79	<i>perphenazine oral</i>	25	<i>pink bismuth maximum strength</i>	86
<i>paroxetine hcl oral tablet</i>	23	<i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	23	<i>pink bismuth oral suspension 262 mg/15ml</i>	86
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %.....	119	<i>perphenazine-amitriptyline oral tablet 2-25 mg</i>	23	.....	86
PAXIL ORAL SUSPENSION.....	23	PERSERIS.....	36	<i>pink bismuth oral suspension 525 mg/15ml</i>	86
PAXIL ORAL TABLET	23	PERTZYE	93	.....	86
PAXLOVID (150/100).....	41	PFIZER COVID-19 VAC-TRIS 5-11Y	115	<i>pink bismuth oral tablet 262 mg</i>	86
PAXLOVID (300/100).....	41	PFIZER COVID-19 VAC-TRIS 6M-4Y	115	<i>pink bismuth oral tablet chewable 262 mg</i>	86
<i>pazopanib hcl</i>	118	<i>pharbedryl</i>	128	<i>pink bismuth ultra str</i>	86
PEAK FLOW METER UNIVERSAL RANG64		PHARBETOL	12	<i>pink-bismuth</i>	86
		PHARBETOL EXTRA STRENGTH	13	<i>pioglitazone hcl</i>	43
		<i>pharbinex</i>	134	PIP GLUCOSE CONTROL SOLUTION	66
		PHAZYME	86	PIQRAY (200 MG DAILY DOSE)	32
		PHAZYME ULTRA STRENGTH.....	86	PIQRAY (250 MG DAILY DOSE)	32
		<i>phenazo oral tablet 200 mg</i>	94	PIQRAY (300 MG DAILY DOSE)	32
				<i>pirfenidone oral capsule</i>	131
				<i>pirfenidone oral tablet 267 mg, 801 mg</i>	131

<i>piroxicam oral</i>	6	<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	67	<i>PREGNYL</i>	96
<i>PLAN B ONE-STEP</i>	103	<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	67	<i>PREHEVBRIO</i>	107
<i>PLEGRIDY INTRAMUSCULAR</i>	56	<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	67	<i>PREMARIN ORAL</i>	101
<i>PLEGRIDY STARTER PACK</i>	56	<i>potassium citrate-citric acid</i>	71	<i>PREMARIN VAGINAL</i>	98
<i>PLEGRIDY SUBCUTANEOUS</i>	56	<i>povidone iodine</i>	19	<i>PREMPHASE</i>	101
<i>PLENVU</i>	78	<i>povidone-iodine external solution</i>	19	<i>PREMPRO</i>	101
<i>plerixafor</i>	47	<i>PRADAXA ORAL CAPSULE</i>	46	<i>prenatal formula</i>	74
<i>PNEUMOVAX 23</i>	108	<i>PRADAXA ORAL PACKET</i>	46	<i>prenatal formula oral tablet 28-0.8 mg</i>	74
<i>podofilox external</i>	61	<i>PRALUENT</i>	52	<i>prenatal gummy oral tablet chewable 0.4 mg</i>	153
<i>poly bacitracin</i>	116	<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	35	<i>prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	151
<i>polycin</i>	120	<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	35	<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	74
<i>polyethylene glycol 3350 oral powder</i>	90	<i>prasugrel hcl</i>	47	<i>prenatal multi+dha</i>	74
<i>polyethylene glycol 3350-grx oral powder</i>	90	<i>pravastatin sodium</i>	52	<i>prenatal multivitamins</i>	74
<i>poly-iron 150</i>	71	<i>praziquantel oral</i>	33	<i>prenatal oral tablet 27-0.8 mg</i>	74
<i>poly-iron 150 forte</i>	71	<i>prazosin hcl oral</i>	48	<i>prenatal oral tablet 27-1 mg</i>	74
<i>polymyxin b-trimethoprim</i>	120	<i>PRECISION GLUCOSE KETONE CONTR</i>	66	<i>prenatal oral tablet 28-0.8 mg</i>	74
<i>polysaccharide iron complex</i>	71	<i>PRECISION XTRA BLOOD GLUCOSE</i>	65	<i>prenatal vitamins oral tablet 28-0.8 mg</i>	74
<i>polysaccharide iron forte</i>	71	<i>PRED FORTE</i>	120	<i>prenatal/iron</i>	74
<i>polysaccharide-iron complex</i>	71	<i>prednisolone acetate ophthalmic</i>	120	<i>PREPARATION H EXTERNAL CREAM 1 %</i>	60
<i>POLYSPORIN</i>	116	<i>PREDNISOLONE ACETATE P-F</i>	120	<i>PREVACID 24HR</i>	79
<i>polyvinyl alcohol ophthalmic</i>	123	<i>prednisolone oral solution</i>	95	<i>prevalite oral powder</i>	53
<i>POLY-VI-SOL</i>	151	<i>prednisolone sodium phosphate ophthalmic</i>	120	<i>PREVIDENT</i>	67
<i>POLY-VITE PEDIATRIC</i>	151	<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	95	<i>PREVIDENT 5000 DRY MOUTH</i>	67
<i>POMALYST</i>	30	<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	95	<i>PREVIDENT 5000 PLUS</i>	67
<i>PONVORY</i>	118	<i>prednisone oral solution</i>	95	<i>PREVNAR 13</i>	108
<i>PONVORY STARTER PACK</i>	118	<i>prednisone oral tablet</i>	95	<i>PREVNAR 20</i>	108
<i>portia-28</i>	101	<i>prednisone oral tablet therapy pack 10 mg (21)</i>	95	<i>PREZCOBIX</i>	40
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	67	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	95	<i>PREZISTA ORAL SUSPENSION</i>	116
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	67	<i>pregabalin</i>	55	<i>PREZISTA ORAL TABLET 150 MG, 75 MG</i>	116
<i>potassium chloride er oral capsule extended release 10 meq</i>	67			<i>PREZISTA ORAL TABLET 600 MG, 800 MG</i>	110
<i>potassium chloride er oral tablet extended release 10 meq</i>	67			<i>PRIFTIN</i>	29
<i>potassium chloride er oral tablet extended release 20 meq</i>	67			<i>primaquine phosphate</i>	34
<i>potassium chloride er oral tablet extended release 8 meq</i>	67			<i>primidone oral tablet 250 mg, 50 mg</i>	21
<i>potassium chloride oral</i>	67			<i>PRIORIX</i>	107
				<i>PRISTIQ</i>	23

PROAIR RESPICLICK.....	129	<i>pseudoephedrine hcl oral tablet 30 mg...</i>	146	QUINTET CONTROL HIGH/NORMAL	66
<i>probenecid</i>	28	<i>pseudoephedrine-bromphen-dm</i>	134	<i>quit2</i>	16
PROBIOMAX SERENITY	86	<i>pseudoephedrine-guaifenesin er</i>	146	<i>quit4</i>	16
<i>probiotic blend</i>	86	<i>psyldex</i>	90	QULIPTA	28
<i>probiotic colon care</i>	86	PULMICORT FLEXHALER.....	128	QUVIVIQ.....	110
<i>probiotic complex</i>	86	PULMICORT SUSPENSION	129	QVAR REDIHALER.....	129
<i>probiotic extra strength</i>	87	<i>pulmosal</i>	146	R	
<i>probiotic maximum strength</i>	87	PULMOZYME	130	<i>radiance platinum vitamin d3</i>	74
<i>probiotic oral capsule</i>	87	<i>pure & gentle lubricant</i>	123	RADICAVA ORS	55
<i>probiotic oral capsule 250 mg</i>	87	PURE COMFORT FLOW METER ADULT	64	RADICAVA ORS STARTER KIT	55
<i>probiotic pearls ex st</i>	87	PURE COMFORT FLOW METER CHILD	64	<i>raloxifene hcl</i>	103
<i>prochlorperazine</i>	25	<i>purelax oral powder</i>	90	<i>ramelteon</i>	149
<i>prochlorperazine maleate oral</i>	25	PURIXAN.....	30	<i>ramipril</i>	48
PROCRIT	47	PYLERA.....	78	<i>ranolazine er</i>	51
PROCTOFOAM HC	60	<i>pyrazinamide oral</i>	29	RASUVO	106
<i>procto-med hc</i>	109	PYRIDIUM	94	RAVICTI	93
<i>proctosol hc</i>	109	<i>pyridostigmine bromide er</i>	29	RAYALDEE	109
<i>proctozone-hc</i>	109	<i>pyridostigmine bromide oral solution</i>	29	<i>react</i>	103
<i>progesterone oral</i>	102	<i>pyridostigmine bromide oral tablet 60 mg</i>	29	<i>ready-to-use enema rectal enema</i>	87
PROLENSA	120	<i>pyridoxine hcl oral</i>	152	REBIF	56
PROMACTA ORAL PACKET 12.5 MG....	47	<i>pyrimethamine oral</i>	34	REBIF REBIDOSE	56
PROMACTA ORAL TABLET	47	Q		REBIF REBIDOSE TITRATION PACK....	56
<i>promethazine hcl oral</i>	25	QBREXZA.....	60	REBIF TITRATION PACK	56
<i>promethazine hcl rectal</i>	25	QELBREE.....	42	<i>reclipsen</i>	101
<i>promethazine vc</i>	131	QNASL.....	129	RECOMBIVAX HB.....	107
<i>promethazine vc/codeine</i>	146	QNASL CHILDRENS	129	RECTIV	53
<i>promethazine-codeine</i>	146	QTERN	43	<i>refenesen 400</i>	134
<i>promethazine-dm</i>	146	QUADRACEL INTRAMUSCULAR		REFRESH LACRI-LUBE	123
<i>promethegan</i>	25	SUSPENSION	107	REFRESH PLUS.....	123
PRONUTRIENTS VITAMIN D3.....	74	<i>quazepam</i>	41	REFRESH TEARS	123
<i>propafenone hcl</i>	49	<i>quetiapine fumarate er</i>	36	REHYDRALYTE.....	71
<i>propranolol hcl er</i>	49	<i>quetiapine fumarate oral tablet 100 mg, 200</i> <i>mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	36	RELENZA DISKHALER.....	40
<i>propranolol hcl oral solution 20 mg/5ml</i>	49	<i>quetiapine fumarate oral tablet 150 mg</i>	36	RELEXXII ORAL TABLET EXTENDED	
<i>propranolol hcl oral solution 40 mg/5ml</i>	49	QUFLORA PEDIATRIC ORAL SOLUTION		RELEASE 18 MG, 27 MG, 36 MG, 54 MG	
<i>propranolol hcl oral tablet</i>	49	0.5 MG/ML	74	.....	54
<i>propylthiouracil oral</i>	104	QUICKVUE AT-HOME COVID-19 TEST	116	RELEXXII ORAL TABLET EXTENDED	
PROQUAD	107	<i>quinapril hcl</i>	48	RELEASE 45 MG, 63 MG.....	54
PROVENTIL HFA	129	<i>quinapril-hydrochlorothiazide</i>	51	RELEXXII ORAL TABLET EXTENDED	
PROXIVOL.....	14	<i>quinidine gluconate er</i>	49	RELEASE 72 MG	54
<i>pseudoephedrine hcl 12 hr</i>	146	<i>quinidine sulfate</i>	49	<i>relief eye drops</i>	123
<i>pseudoephedrine hcl er</i>	146			RELION TRUE METRIX TEST STRIPS....	65

RELISTOR.....	77	<i>rifabutin</i>	29	RUKOBIA.....	40
RELPAK.....	28	<i>rifampin oral</i>	29	RYALTRIS.....	111
RELYVRIO.....	111	<i>riluzole</i>	55	RYBELSUS.....	43
RENAL.....	74	<i>rimantadine hcl</i>	40	RYDAPT.....	32
<i>rena-vite</i>	74	RINVOQ.....	105	<i>rynex dm</i>	146
<i>renewal soothing bath</i>	62	RISAQUAD.....	87	<i>rynex pe</i>	146
<i>repaglinide</i>	43	RISAQUAD-2.....	87	<i>rynex pse</i>	146
REPATHA.....	53	RISPERDAL CONSTA.....	36	RYTARY ORAL CAPSULE EXTENDED	
REPHRESH PRO-B.....	87	RISPERDAL ORAL SOLUTION.....	36	RELEASE 23.75-95 MG, 36.25-145 MG,	
RESTASIS.....	119	RISPERDAL ORAL TABLET.....	36	61.25-245 MG.....	35
RESTASIS MULTIDOSE.....	119	<i>risperidone oral solution</i>	36	RYTARY ORAL CAPSULE EXTENDED	
RESTORA.....	87	<i>risperidone oral tablet</i>	36	RELEASE 48.75-195 MG.....	35
<i>restore plus lubricant eye</i>	123	<i>risperidone oral tablet dispersible</i>	36	RYTHMOL SR ORAL CAPSULE	
<i>restore pm</i>	123	RITALIN.....	54	EXTENDED RELEASE 12 HOUR 225	
RESTORIL ORAL CAPSULE 15 MG, 30		<i>ritonavir</i>	40	MG, 325 MG.....	49
MG, 7.5 MG.....	149	<i>rivastigmine</i>	22	RYTHMOL SR ORAL CAPSULE	
RESTORIL ORAL CAPSULE 22.5 MG... 149		<i>rivastigmine tartrate</i>	22	EXTENDED RELEASE 12 HOUR 425 MG	
RETACRIT INJECTION SOLUTION 10000		<i>rizatriptan benzoate</i>	28	.....	49
UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML,		<i>robafen cf multi-symptom cold</i>	136	S	
4000 UNIT/ML, 40000 UNIT/ML.....	47	ROBITUSSIN 12 HOUR COUGH.....	146	<i>saccharomyces boulardii</i>	87
RETACRIT INJECTION SOLUTION 20000		ROBITUSSIN 12 HOUR COUGH CHILD.....	146	SAFYRAL.....	98
UNIT/ML.....	47	ROBITUSSIN CHILD COUGH/COLD LA.....	134	SAIZEN.....	95
RETEVMO.....	117	ROBITUSSIN CHILDRENS COUGH LA.....	134	<i>sajazir</i>	105
RETIN-A EXTERNAL CREAM.....	57	ROBITUSSIN COUGH+CHEST CONG DM		<i>saline enema</i>	87
RETIN-A EXTERNAL GEL.....	57	ORAL LIQUID 20-400 MG/20ML.....	146	<i>saline mist spray</i>	135
RETIN-A MICRO GEL 0.04 %, 0.1 %.....	57	ROBITUSSIN NIGHTTIME COUGH.....	134	<i>saline nasal spray</i>	135
RETIN-A MICRO PUMP EXTERNAL GEL		ROBITUSSIN PEAK COLD MULTI-SYM.....	136	salsalate oral.....	13
0.06 %.....	57	ROCKLATAN.....	119	SANCUSO.....	25
RETIN-A MICRO PUMP EXTERNAL GEL		<i>ropinirole hcl</i>	35	SAPHRIS.....	36
0.08 %.....	57	<i>rosuvastatin calcium</i>	52	<i>sapropterin dihydrochloride</i>	93
REVATIO ORAL.....	131	ROTARIX.....	107	SAVAYSA.....	46
REVITAFLOL.....	87	ROTATEQ.....	107	<i>saxagliptin hcl</i>	43
REVLIMID.....	30	<i>roweepra</i>	20	<i>sb arthritis pain relief</i>	13
REXULTI.....	36	ROXYBOND ORAL TABLET ABUSE-		<i>sb docusate sodium/senna</i>	92
REYATAZ ORAL CAPSULE.....	40	DETERRENT 15 MG, 30 MG, 5 MG.....	7	<i>sb lice killing max st</i>	34
REYATAZ ORAL PACKET.....	40	ROZEREM.....	149	<i>sb mucus relief</i>	135
REYVOW.....	28	ROZLYTREK ORAL CAPSULE.....	32	<i>sb pain reliever childrens</i>	13
REZVOGLAR KWIKPEN.....	46	ROZLYTREK ORAL PACKET.....	32	<i>scalp relief external liquid 3 %</i>	116
RHOFADE.....	57	RUBRACA.....	32	SCEMBLIX.....	33
RHOPRESSA.....	121	RUCONEST.....	105	SCRUB CARE POVIDONE-IODINE.....	19
<i>ribavirin oral</i>	38	<i>rufinamide</i>	22	SEGLENTIS.....	7

SEGLUROMET	43	<i>siladryl allergy</i>	128	<i>smooth antacid extra st</i>	87
<i>selegiline hcl oral</i>	35	<i>sildenafil citrate oral suspension</i>		<i>smooth antacid extra strength</i>	87
<i>selenium sulfide external lotion</i>	60	<i>reconstituted</i>	131	<i>smooth lax oral powder</i>	90
SELZENTRY ORAL SOLUTION	40	<i>sildenafil citrate oral tablet 20 mg</i>	131	SOAANZ ORAL TABLET 20 MG	51
SELZENTRY ORAL TABLET 25 MG, 75 MG		SILENOR	149	<i>sod chloride hypertonicity</i>	123
.....	40	SILIQ	105	<i>sod citrate-citric acid oral solution 500-334</i>	
SEMGLEE (YFGN)	45	<i>siltussin sa</i>	135	<i>mg/5ml</i>	71
<i>senexon-s</i>	92	<i>siltussin-dm alcohol free</i>	146	<i>sodium bicarbonate oral tablet</i>	87
<i>senior probiotic</i>	87	<i>silver sulfadiazine external</i>	61	<i>sodium chloride (hypertonic) ophthalmic</i>	
<i>senna lax</i>	92	SIMBRINZA	121	<i>ointment</i>	123
<i>senna laxative</i>	92	<i>simeped</i>	87	<i>sodium chloride (hypertonic) ophthalmic</i>	
<i>senna oral liquid</i>	92	<i>simethicone drops infants</i>	87	<i>solution</i>	123
<i>senna oral syrup</i>	92	<i>simethicone oral</i>	87	<i>sodium chloride inhalation nebulization</i>	
<i>senna oral tablet</i>	92	<i>simethicone ultra strength</i>	87	<i>solution 0.9 %, 10 %</i>	146
<i>senna plus oral tablet</i>	92	<i>simliya</i>	101	<i>sodium chloride inhalation nebulization</i>	
<i>senna s</i>	92	<i>simpesse</i>	101	<i>solution 3 %</i>	146
<i>senna smooth</i>	92	SIMPONI	106	<i>sodium chloride inhalation nebulization</i>	
<i>senna-docusate sodium</i>	92	<i>simvastatin oral</i>	52	<i>solution 7 %</i>	146
<i>senna-lax</i>	92	SINEMET	35	<i>sodium chloride ophthalmic ointment 5 %</i>	
<i>senna-plus</i>	92	SINGULAIR	129	.....	123
<i>senna-s</i>	92	<i>sinus 12 hour</i>	146	<i>sodium chloride ophthalmic solution 5 %</i>	123
<i>senna-tabs</i>	92	<i>sinus 12-hour</i>	146	<i>sodium fluoride 5000 plus</i>	67
<i>senna-time</i>	92	<i>sinus congestion max strength</i>	146	<i>sodium fluoride 5000 ppm dental cream</i>	67
<i>senna-time s</i>	92	<i>sinus nasal spray</i>	146	<i>sodium fluoride dental cream</i>	67
<i>sennazon</i>	92	<i>sinus pe decongestant</i>	135	<i>sodium fluoride dental gel</i>	67
SENOKOT	92	<i>sinus relief extra strength</i>	135	<i>sodium fluoride oral solution</i>	68
SENOKOT S	92	<i>sinus/congestion relief pe</i>	135	<i>sodium fluoride oral tablet chewable</i>	68
SEREVENT DISKUS	129	<i>sirolimus oral solution</i>	106	SODIUM OXYBATE	149
SEROQUEL	36	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	106	<i>sodium phenylbutyrate oral powder</i>	93
SEROQUEL XR	36	<i>sirolimus oral tablet 2 mg</i>	106	<i>sodium sulfacetamide wash</i>	116
<i>sertraline hcl oral concentrate</i>	23	SIRTURO	29	SOFOSBUVIR-VELPATASVIR	38
<i>sertraline hcl oral tablet</i>	24	SKYRIZI PEN	105	<i>soft glucose</i>	45
<i>setlakin</i>	101	SKYRIZI SUBCUTANEOUS SOLUTION		SOLQUA	43
<i>sevelamer carbonate oral tablet</i>	71	CARTRIDGE	111	SOLODYN	18
<i>sf 67</i>		SKYRIZI SUBCUTANEOUS SOLUTION		SOLOSEC	16
<i>sf 5000 plus</i>	67	PREFILLED SYRINGE	105	<i>soluble fiber therapy</i>	92
SFROWASA	108	SKYTROFA SUBCUTANEOUS		SOMAVERT	104
<i>sharobel</i>	102	CARTRIDGE 4.3 MG	96	SOOLANTRA	61
SHINGRIX	107	SLO-NIACIN	75	<i>soothe maximum strength</i>	87
SIGNIFOR	104	<i>smooth antacid ex st oral tablet chewable</i>		<i>soothe oral suspension</i>	87
SIKLOS	47	750 mg	87	<i>soothe oral tablet chewable</i>	87

<i>sorafenib tosylate</i>	32	<i>stomach relief ultra oral suspension 525</i>		<i>sulfacetamide sodium-sulfur external liquid</i>	
<i>sorbitol oral</i>	90	<i>mg/15ml</i>	88	<i>9-4.5 %</i>	63
SORILUX.....	60	<i>stool softener laxative oral capsule</i>	92	<i>sulfacetamide sod-sulfur wash external</i>	
<i>sotalol hcl (af)</i>	49	<i>stool softener oral capsule 100 mg</i>	93	<i>liquid 9-4.5 %</i>	63
<i>sotalol hcl oral</i>	49	<i>stool softener oral capsule 240 mg</i>	93	<i>sulfacetamide-prednisolone</i>	119
SOTYKTU.....	111	<i>stool softener oral capsule 250 mg</i>	93	<i>sulfamethoxazole-trimethoprim oral</i>	18
SOVALDI.....	38	<i>stool softener oral capsule 50 mg</i>	93	<i>sulfamez wash</i>	63
<i>SPEEDY SWAB COVID-19 ANTIGEN</i> ...	116	<i>stool softener pls laxative</i>	93	<i>sulfasalazine oral</i>	108
SPIKEVAX.....	116	<i>stool softener plus laxative</i>	93	<i>sulfatrim pediatric</i>	18
<i>spinosad</i>	61	<i>stool softener/laxative</i>	93	<i>sulindac oral</i>	6
<i>SPIRIVA HANDIHALER</i>	129	<i>stool softener/laxative oral tablet</i>	93	SUMADAN WASH.....	63
SPIRIVA RESPIMAT.....	129	STRATTERA.....	54	<i>sumatriptan nasal</i>	28
<i>spironolactone oral tablet</i>	51	STRENSIQ.....	93	<i>sumatriptan succinate oral</i>	28
<i>spironolactone-hctz</i>	51	<i>stress formula</i>	75	<i>sumatriptan succinate refill</i>	29
SPRAVATO (84 MG DOSE).....	23	<i>stress formula/iron</i>	151	<i>sumatriptan succinate subcutaneous</i>	29
<i>sprintec 28</i>	101	STRIBILD.....	38	<i>sunitinib malate</i>	32
SPRYCEL.....	118	<i>STRIVE DUAL ZONE PEAK FLOW MTR</i>	116	SUNLENCA ORAL.....	116
<i>sps</i>	71	STRIVERDI RESPIMAT.....	130	SUNOSI.....	149
<i>sronyx</i>	101	STUART ONE.....	75	<i>suphedrine 12hour</i>	147
<i>ssd</i>	61	SUBOXONE.....	14	<i>suphedrine maximum strength</i>	147
<i>sss 10-5 external cream</i>	63	<i>subvenite</i>	20	<i>suphedrine oral tablet 30 mg</i>	147
ST JOSEPH LOW DOSE ORAL TABLET		<i>subvenite starter kit-blue</i>	20	<i>suphedrine oral tablet extended release 12</i>	
<i>CHEWABLE</i>	116	<i>subvenite starter kit-green</i>	20	<i>hour 120 mg</i>	147
STEGLATRO.....	43	<i>subvenite starter kit-orange</i>	20	SUPPORT.....	151
STEGLUJAN.....	43	<i>sucrafate oral suspension</i>	79	SUPREP BOWEL PREP KIT.....	78
STELARA SUBCUTANEOUS.....	105	<i>sucrafate oral tablet</i>	79	<i>sure result sr relief</i>	116
STIMUFEND.....	111	SUDAFED.....	147	SUTAB.....	19
<i>stimulant laxative oral tablet 8.6-50 mg</i>	92	SUDAFED CHILDRENS.....	147	SUTENT.....	32
STIOLTO RESPIMAT.....	139	SUDAFED PE CONGESTION ORAL		<i>syeda</i>	101
STIVARGA.....	32	<i>TABLET 10 MG</i>	135	SYMBICORT.....	139
<i>stomach relief extra strength</i>	87	SUDAFED PE SINUS CONGESTION...	135	SYMDEKO.....	130
<i>stomach relief max st oral suspension 525</i>		SUDAFED SINUS CONGESTION.....	147	SYMFI.....	39
<i>mg/15ml</i>	87	SUDAFED SINUS CONGESTION 12HR	147	SYMFI LO.....	39
<i>stomach relief oral suspension 1050</i>		<i>sudogest 12 hour</i>	147	SYMJEPI.....	130
<i>mg/30ml, 525 mg/15ml</i>	88	<i>sudogest maximum strength</i>	147	SYMLINPEN 120.....	43
<i>stomach relief oral suspension 262 mg/15ml,</i>		<i>sudogest oral tablet 30 mg</i>	147	SYMLINPEN 60.....	43
<i>525 mg/30ml, 527 mg/30ml</i>	88	<i>sulfacetamide sodium external</i>	116	SYMPAZAN.....	21
<i>stomach relief oral tablet 262 mg</i>	88	<i>sulfacetamide sodium ophthalmic</i>	120	SYMPROIC.....	77
<i>stomach relief oral tablet chewable 262 mg</i>		<i>sulfacetamide sodium-sulfur external cream</i>		SYMTUZA.....	40
<i>.....</i>	88	<i>10-5 %</i>	63	SYNAGIS.....	105
<i>stomach relief plus</i>	88			SYNAREL.....	104

SYNJARDY	43	<i>tamsulosin hcl</i>	94	<i>testosterone enanthate intramuscular</i>	96
SYNJARDY XR	43	TAPERDEX 12-DAY	95	<i>testosterone transdermal gel 12.5 mg/act</i> (1%)	97
SYSTANE	124	TAPERDEX 6-DAY	95	<i>testosterone transdermal gel 25 mg/2.5gm</i> (1%)	97
SYSTANE BALANCE	124	TAPERDEX 7-DAY	95	<i>testosterone transdermal gel 50 mg/5gm</i> (1%)	97
SYSTANE COMPLETE	124	TARCEVA	117	TETANUS-DIPHThERIA TOXOIDS TD ..	107
SYSTANE CONTACTS	124	TARGRETIN	32	tetrabenazine	55
SYSTANE HYDRATION PF	124	tarina 24 fe	101	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	131
SYSTANE NIGHTTIME	124	tarina fe 1/20 eq	101	THALOMID	30
SYSTANE PRESERVATIVE FREE	124	TASIGNA	118	the magic bullet	116
SYSTANE ULTRA	124	TASMAR	35	THEO-24	130
SYSTANE ULTRA PF	124	TAVALISSE	47	theophylline	130
T		TAZORAC EXTERNAL CREAM 0.1 % ..	58	theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	130
<i>tab tussin</i>	135	TAZORAC EXTERNAL GEL	58	theophylline er oral tablet extended release 12 hour 450 mg	130
<i>tab-a-vite/beta carotene</i>	75	taztia xt	50	theophylline er oral tablet extended release 24 hour 400 mg	130
TABLOID	31	TDVAX	107	theophylline er oral tablet extended release 24 hour 600 mg	130
TABRECTA	117	TECFIDERA ORAL CAPSULE DELAYED RELEASE	56	ThERA	75
TACLONEX	60	TEENY TUMMY GAS RELIEF DROPS ..	88	thera-tabs	75
<i>tacrolimus external ointment 0.03 %</i>	60	TEGSEDI	93	thiamine hcl oral	153
<i>tacrolimus external ointment 0.1 %</i>	60	TEKURNA	50	thiamine mononitrate oral	75
<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	106	telmisartan	48	THIOLA	94
<i>tacrolimus oral capsule 1 mg</i>	106	temazepam oral capsule 15 mg, 30 mg ..	148	THIOLA EC	94
<i>tadalafil (pah)</i>	131	temazepam oral capsule 22.5 mg	149	thioridazine hcl oral	36
TADLIQ	131	temazepam oral capsule 7.5 mg	149	thiothixene	36
TAFINLAR	32	temozolomide	30	THRIVE	16
TAGAMET HB 200	78	TENCON	8	THRIVITE RX	75
TAGRISSE	117	TENIVAC	107	tiadylt er	50
<i>take action</i>	103	tenofovir disoproxil fumarate	39	tiagabine hcl	21
TAKHZYRO SUBCUTANEOUS SOLUTION	105	TEPMETKO	32	TIBSOVO	32
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ..	105	terazosin hcl	94	TIGLUTIK	55
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ..	105	terbinafine hcl external	27	TIKOSYN	49
TALICIA	78	terbinafine hcl oral	26	<i>tilia fe</i>	101
TALTZ	105	terbinafine hydrochloride external cream 1 %	27	<i>timolol maleate ophthalmic solution</i>	120
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	32	terconazole vaginal cream	26	TIMOPTIC OCUDOSE	120
TAMIFLU ORAL CAPSULE	40	teriflunomide	56		
TAMIFLU ORAL SUSPENSION RECONSTITUTED	40	TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	109		
<i>tamoxifen citrate oral</i>	30	TESTIM	96		
		<i>testosterone cypionate intramuscular</i>	96		

TINACTIN EXTERNAL CREAM.....	116	TRADJENTA.....	43	tri-legest fe.....	101
tinaspore	116	tramadol hcl oral tablet 50 mg	8	tri-linyah	101
tinidazole oral tablet 250 mg	17	trandolapril.....	49	TRILIPIX	52
tinidazole oral tablet 500 mg	17	tranexamic acid oral.....	47	tri-lo-estarylla	101
TIROSINT ORAL CAPSULE 100 MCG, 112		tranylcypromine sulfate.....	23	tri-lo-marzia.....	101
MCG, 125 MCG, 13 MCG, 137 MCG, 150		TRAVATAN Z	118	trimethobenzamide hcl oral	25
MCG, 175 MCG, 200 MCG, 25 MCG, 50		travel ease	25	trimethoprim oral.....	17
MCG, 75 MCG, 88 MCG	103	trazodone hcl oral tablet 100 mg, 150 mg, 50		tri-mili	101
TIROSINT-SOL.....	103	mg.....	24	TRINTELLIX	23
TIVICAY	38	TRECTOR.....	29	tri-nymyo.....	101
TIVICAY PD	38	TRELEGY ELLIPTA.....	139	triphrocaps.....	75
tizanidine hcl oral tablet	37	TREMFYA.....	105	triple antibiotic external ointment , 3.5-400-	
TM-DAILY VITE	75	TRESIBA	45	5000 , 5-400-5000 , 5-400-5000 mg-unit	
tm-tolnaftate	116	TRESIBA FLEXTOUCH.....	45	.....	19
tm-tolnaftate lr	116	tretinoin external cream	57	triple antibiotic original.....	19
TOBI PODHALER.....	130	tretinoin oral.....	32	TRIPTODUR.....	104
TOBRADEX	119	TREXALL.....	106	tri-sprintec.....	101
TOBRADEX ST.....	119	TREXIMET.....	29	TRIUMEQ	39
tobramycin inhalation nebulization solution		TREZIX.....	7	TRIUMEQ PD	39
300 mg/4ml	130	triamcinolone acetone external cream ...	60	tri-vite pediatric	75
tobramycin ophthalmic	120	triamcinolone acetone external lotion 0.025		tri-vite/fluoride oral solution 0.25 mg/ml ...	151
tobramycin-dexamethasone.....	119	%.....	60	tri-vite/fluoride oral solution 0.5 mg/ml	151
tolcapone	34	triamcinolone acetone external lotion 0.1		trivora (28)	101
TOLNAFI-AL	116	%.....	60	tri-vylibra	101
tolnaftate antifungal.....	116	triamcinolone acetone external ointment		tri-vylibra lo	101
tolnaftate external cream	116	0.025 % , 0.1 % , 0.5 %	60	TRIZIVIR ORAL TABLET 300-150-300 MG	
tolnaftate external powder.....	116	triamcinolone acetone mouth/throat.....	57	.....	39
tolterodine tartrate.....	94	TRIAMINIC ALLERCHEWS.....	138	TROKENDI XR.....	20
tolvaptan oral tablet 15 mg.....	71	triamterene-hctz	51	trospium chloride	94
TOPAMAX	20	triazolam	148	TRUECONTROL GLUCOSE CONT LEV 0	
TOPAMAX SPRINKLE.....	20	TRICON.....	71	.....	66
topiramate oral capsule sprinkle	20	TRICOR.....	52	TRUECONTROL GLUCOSE CONT LEV 1	
topiramate oral tablet	20	triderm.....	60	.....	66
toremifene citrate	30	tri-estarylla	101	TRUELYTE.....	71
toremide	51	trifluoperazine hcl.....	36	TRUEPLUS GLUCOSE ON THE GO.....	45
total allergy.....	128	trifluridine	120	TRUEPLUS GLUCOSE ORAL TABLET	
total allergy medicine	128	trihexyphenidyl hcl oral tablet	34	CHEWABLE.....	45
TOUJEO MAX SOLOSTAR.....	45	TRIJARDY XR	43	TRULANCE	77
TOUJEO SOLOSTAR.....	45	TRIKAFTA ORAL TABLET THERAPY		TRULICITY	43
TOVIAZ.....	94	PACK.....	130	TRUMENBA	107
TRACLEER.....	131	TRIKAFTA ORAL THERAPY PACK.....	130	TRUVADA	39

TUMS.....	88	<i>tussin mucus/congestion</i>	135	<i>ursodiol oral capsule 300 mg</i>	78
TUMS CHEWY BITES	88	<i>tussin mucus+chest congest</i>	135	<i>ursodiol oral tablet</i>	78
TUMS E-X 750.....	88	<i>tussin mucus+chest congest sf</i>	135	V	
TUMS EXTRA STRENGTH 750	88	<i>tussin mucus+chest congestion</i>	135	VAGIFEM	98
TUMS LASTING EFFECTS	88	<i>tussin multi-symptom cold cf</i>	136	<i>valacyclovir hcl oral</i>	38
TUMS SMOOTHIES	88	<i>tussin oral liquid 100 mg/5ml</i>	135	<i>valganciclovir hcl oral tablet</i>	37
TUMS ULTRA 1000.....	88	TWINRIX.....	107	<i>valproic acid oral</i>	20
TURALIO	118	<i>tyblume</i>	101	<i>valsartan oral tablet</i>	48
<i>turqoz</i>	101	TYBOST	40	VALTOCO 10 MG DOSE	21
<i>tusnel-ex</i>	135	TYLENOL FOR CHILDREN + ADULTS ...	13	VALTOCO 15 MG DOSE	21
<i>tussin adult chest congest</i>	135	TYLENOL ORAL SUSPENSION 160		VALTOCO 20 MG DOSE	21
<i>tussin cf oral liquid 30-10-100 mg/5ml</i> ...	147	MG/5ML	13	VALTOCO 5 MG DOSE	21
<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	136	TYLENOL ORAL TABLET 325 MG	13	VANCOGIN ORAL CAPSULE 250 MG	17
<i>tussin chest congestion oral liquid 100</i>		TYLENOL ORAL TABLET 500 MG	13	<i>vancomycin hcl oral solution reconstituted</i>	
<i>mg/5ml</i>	135	TYLENOL ORAL TABLET CHEWABLE 160		<i>25 mg/ml</i>	17
<i>tussin cough dm sugar free</i>	147	MG	13	VANDAZOLE.....	17
<i>tussin cough long acting</i>	135	TYLENOL ORAL TABLET EXTENDED		VAPORIZER WARM STEAM	116
<i>tussin cough oral syrup</i>	135	RELEASE 650 MG.....	13	VAQTA	107
<i>tussin cough/chest congest oral syrup 100-</i>		TYMLOS	109	<i>varenicline tartrate</i>	15
<i>10 mg/5ml</i>	147	TYRVAYA.....	119	<i>varenicline tartrate (starter)</i>	15
<i>tussin cough/chest dm max oral liquid 10-</i>		TYVASO DPI MAINTENANCE KIT	131	<i>varenicline tartrate(continue)</i>	15
<i>200 mg/5ml</i>	147	TYVASO DPI TITRATION KIT	131	VARIVAX.....	107
<i>tussin cough/chest dm max oral liquid 20-</i>		U		VASCEPA.....	52
<i>400 mg/20ml</i>	147	UBRELVY	28	VASOCLEAR-A	124
<i>tussin dm cough + chest oral liquid 20-400</i>		UCERIS	109	VAXELIS.....	116
<i>mg/20ml</i>	147	UDENYCA SUBCUTANEOUS SOLUTION		VAXNEUVANCE	107
<i>tussin dm cough/chest cong</i>	147	PREFILLED SYRINGE	47	<i>v-c forte</i>	151
<i>tussin dm cough/chest oral syrup 10-100</i>		<i>ultra fresh</i>	124	VECTICAL	60
<i>mg/5ml</i>	147	<i>ultra fresh pm</i>	124	<i>vegetable lax+stool softener</i>	93
<i>tussin dm max adult</i>	147	<i>ultra lubricant drop</i>	124	<i>vegetable laxative</i>	93
<i>tussin dm max daytime</i>	148	<i>ultra lubricating eye drops</i>	124	<i>velivet</i>	101
<i>tussin dm max oral liquid 20-400 mg/20ml</i>		<i>ultra lubricating eye drops pf</i>	124	VELPHORO.....	71
.....	148	<i>unithroid</i>	103	VELTASSA	72
<i>tussin dm max st</i>	148	UPTRAVI ORAL	131	VELTIN	58
<i>tussin dm oral syrup 100-10 mg/5ml</i>	148	<i>urea 20 intensive hydrating</i>	63	VEMLIDY	37
<i>tussin expectorant adult</i>	135	<i>urea external cream 10 %</i>	63	VENCLEXTA	32
<i>tussin maximum strength oral syrup 15</i>		<i>urea external cream 20 %</i>	63	VENCLEXTA STARTING PACK	32
<i>mg/5ml</i>	135	<i>urea external lotion</i>	63	<i>venlafaxine hcl</i>	24
<i>tussin mucus & chest cong</i>	135	<i>ureacin-10</i>	63	<i>venlafaxine hcl er oral capsule extended</i>	
<i>tussin mucus & chest congest</i>	135	<i>ureacin-20</i>	63	<i>release 24 hour</i>	24
<i>tussin mucus/chest congest</i>	135	<i>urinary pain relief oral tablet 95 mg</i>	94	VENTOLIN HFA	129

<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	50	<i>vitamin b-1 oral tablet 250 mg</i>	153	<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i>	76
<i>verapamil hcl er oral tablet extended release</i>	50	<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	153	<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i> ..	76
<i>verapamil hcl oral</i>	50	<i>vitamin b12 oral tablet extended release 1000 mcg</i>	153	<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i>	76
VERKAZIA	119	<i>vitamin b-12 tr oral tablet extended release 1000 mcg</i>	153	<i>vitamin d3 oral liquid 10 mcg/ml</i>	76
VERQUVO	53	<i>vitamin b-6</i>	153	<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	76
VERSACLOZ	37	<i>vitamin b-6 er</i>	153	<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i> ...	76
VERZENIO	32	<i>vitamin c cr oral tablet extended release 500 mg</i>	152	<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	76
VESICARE	94	<i>vitamin c er oral tablet extended release 1500 mg</i>	152	<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	76
<i>vestura</i>	101	<i>vitamin c oral liquid 500 mg/5ml</i>	152	<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	76
VFEND	26	<i>vitamin c oral tablet 1000 mg, 250 mg</i>	152	<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	76
VIBERZI	77	<i>vitamin c oral tablet 500 mg</i>	152	<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	76
<i>vic-forte</i>	152	<i>vitamin c oral tablet chewable 100 mg, 250 mg</i>	152	<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i>	76
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	43, 43	<i>vitamin c oral tablet chewable 500 mg</i>	152	<i>vitamin e natural</i>	153
<i>vienva</i>	101	<i>vitamin c/acerola</i>	152	<i>vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit)</i>	153
<i>vigabatin oral packet</i>	21	<i>vitamin c/rose hips</i>	152	<i>vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit)</i>	153
<i>vigadrone oral packet</i>	21	<i>vitamin c/rose hips oral tablet 1000 mg</i> ..	152	<i>vitamin-b complex</i>	76
VIGAMOX	119	<i>vitamin c-rose hips oral tablet</i>	152	<i>vitamins acd-fluoride</i>	152
VIIBRYD	23	<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit)</i>	75	<i>vitamins complete childrens</i>	152
VIIBRYD STARTER PACK	23	<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	75	VITRAKVI	32
VIMPAT ORAL	21	<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	152	VIVELLE-DOT	98
VIOKACE	93	<i>vitamin d oral capsule 25 mcg (1000 ut)</i> ...	75	VIVITROL	14
<i>viorele</i>	101	<i>vitamin d oral liquid</i>	75	VIVJOA	111
VIRACEPT	40	<i>vitamin d oral tablet chewable 10 mcg (400 unit)</i>	75	VIZIMPRO	117
VIREAD ORAL POWDER.....	39	<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	75	VOGELXO	96
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	39	<i>vitamin d3 oral capsule 1000 unit, 25 mcg (1000 ut)</i>	75	<i>volnea</i>	101
<i>virt-caps</i>	75	<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i>	75	<i>voriconazole oral tablet</i>	26
VISINE	124	<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i>	75	VOSEVI	38
<i>vit c/rose hips</i>	152	.....	75	VOTRIENT	117
<i>vita s forte</i>	152			VRAYLAR.....	36
<i>vitacel</i>	152			VTAMA	111
<i>vitachew vitamin d3</i>	75			VUMERITY	56
<i>vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut)</i>	75			<i>vyfemla</i>	101
<i>vitamin b complex oral capsule</i>	75			<i>vylibra</i>	102
<i>vitamin b1</i>	153			VYNDAMAX	93
<i>vitamin b-1 oral tablet 100 mg</i>	75			VYNDAQEL	93

VYTORIN.....	52	XCOPRI (350 MG DAILY DOSE).....	20	YONSA.....	111
VYVANSE ORAL CAPSULE.....	55	XCOPRI ORAL TABLET.....	20	YUPELRI.....	129
VYVANSE ORAL TABLET CHEWABLE... 55		XCOPRI ORAL TABLET THERAPY PACK		<i>yuvafem</i>	102
VYZULTA.....	118	.....	20	Z	
W		XELJANZ.....	105	ZADITOR.....	125
WAKIX.....	149	XELJANZ XR.....	106	<i>zafemy</i>	102
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2</i>		XELPROS.....	118	<i>zafirlukast</i>	129
<i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i> . 46		XENAZINE.....	55	<i>zaleplon</i>	148
<i>warfarin sodium oral tablet 6 mg</i> 46		XENLETA ORAL.....	17	ZANAFLEX ORAL CAPSULE 2 MG.....	37
<i>wart remover external liquid 17 %</i> 116		XEPI.....	61	ZANAFLEX ORAL CAPSULE 4 MG, 6 MG	
<i>wart remover maximum strength external</i>		XERAC AC.....	63	.....	37
<i>liquid</i> 117		XHANCE.....	129	ZANAFLEX ORAL TABLET.....	37
<i>weekly-d</i> 76		XIFAXAN.....	17	ZARXIO.....	47
WELLBUTRIN XL.....	23	XIGDUO XR ORAL TABLET EXTENDED		ZAVESCA.....	93
<i>wera</i>	102	RELEASE 24 HOUR 10-1000 MG, 10-500		ZEASORB-AF.....	27
<i>wescaps</i>	76	MG, 5-500 MG.....	43	ZEGALOGUE.....	95
WESNATAL DHA COMPLETE.....	76	XIGDUO XR ORAL TABLET EXTENDED		ZEJULA.....	32
<i>wes-phos 250 neutral</i>	71	RELEASE 24 HOUR 2.5-1000 MG, 5-		ZELAC.....	88
WESTAB PLUS.....	76	1000 MG.....	43	ZELBORAF.....	32
WIDE-SEAL DIAPHRAGM 60.....	117	XIIDRA.....	119	<i>zenatane</i>	57
WIDE-SEAL DIAPHRAGM 65.....	117	XIMINO.....	19	ZENPEP.....	93
WIDE-SEAL DIAPHRAGM 70.....	117	XOFLUZA (40 MG DOSE).....	40	ZENZEDI.....	55
WIDE-SEAL DIAPHRAGM 75.....	117	XOFLUZA (80 MG DOSE).....	40	ZEPATIER.....	38
WIDE-SEAL DIAPHRAGM 80.....	117	XOLAIR.....	105	ZEPOSIA.....	56
WIDE-SEAL DIAPHRAGM 85.....	117	XOPENEX HFA.....	129	ZEPOSIA 7-DAY STARTER PACK.....	56
WIDE-SEAL DIAPHRAGM 90.....	117	XPECT.....	136	ZETONNA.....	129
WIDE-SEAL DIAPHRAGM 95.....	117	XPOVIO (100 MG ONCE WEEKLY).....	31	ZIANA.....	58
WINLEVI.....	111	XPOVIO (40 MG ONCE WEEKLY).....	31	<i>zidovudine</i>	40
<i>wixela inhub</i>	139	XPOVIO (40 MG TWICE WEEKLY).....	31	ZIEXTENZO.....	47
<i>womans laxative</i>	117	XPOVIO (60 MG ONCE WEEKLY).....	31	ZILXI.....	63
<i>womens gentle laxative</i>	117	XPOVIO (80 MG ONCE WEEKLY).....	31	ZIMHI.....	14
<i>womens laxative oral tablet delayed release</i>		XTAMPZA ER.....	7	<i>zinc gluconate oral tablet 50 mg</i>	71
<i>5 mg</i>	117	XTANDI.....	30	<i>zinc oral tablet 50 mg</i>	71, 152
<i>womens prenatal+dha</i>	76	<i>xulane</i>	102	<i>zinc oxide external ointment 40 %</i>	63
<i>wymzya fe</i>	102	XULTOPHY.....	43	ZIOPTAN.....	118
X		XYOSTED.....	97	<i>ziprasidone hcl</i>	36
XALATAN.....	118	XYREM.....	149	ZOCOR.....	52
XALKORI ORAL CAPSULE.....	118	XYWAV.....	148	ZOLINZA.....	31
XARELTO.....	46	Y		<i>zolpidem tartrate er</i>	148
XARELTO STARTER PACK.....	46	YASMIN 28.....	98	<i>zolpidem tartrate oral tablet</i>	148
XCOPRI (250 MG DAILY DOSE).....	20	YAZ.....	98	ZOMACTON.....	96

ZOMIG NASAL	29	<i>zumandimine</i>	102	ZYMAXID.....	119
ZONEGRAN.....	21	ZURZUVAE ORAL CAPSULE 20 MG, 30		ZYPITAMAG.....	52
<i>zonisamide oral</i>	22	MG	117	ZYPREXA ORAL	37
ZORYVE	111	ZYCLARA	61	ZYPREXA ZYDIS.....	37
ZOSTRIX HP	117	ZYDELIG	32	ZYRTEC ALLERGY ORAL TABLET	128
<i>zovia 1/35 (28)</i>	102	ZYFLO	129	ZYRTEC-D ALLERGY & CONGESTION	136
ZUBSOLV	14	ZYKADIA	33	ZYRTEC-D ALLERGY & SINUS	136
ZULRESSO.....	23	ZYLET.....	119	ZYTIGA.....	30